DOCUMENT RESUME

ED 370 667 PS 020 701

AUTHOR	Silvern, Joan, Ed.
TITLE	Family Resource Coalition Report. Volumes 6-11, 1987-1992.
INSTITUTION	Family Resource Coalition, Chicago, IL.
PUB DATE	92
NOTE	398p.; Newsletter issued three times a year. Volume 6 n2 also entered independently as ED 292 901.
AVAILABLE FROM	Family Resource Coalition, 200 South Michigan Avenue, Suite 1520, Chicago, IL 60604 ($3 each issue for nonmembers: $2 each issue for members).
PUB TYPE	Collected Works - Serials (022)
JOURNAL CIT	Family Coalition Report; v6-11 1987-1992
EDRS PRICE	MF01/PC16 Plus Postage.
DESCRIPTORS	*Adoption; American Indians; *Family Programs; *Intergenerational Programs; Policy Formation; Programming (Broadcast)
IDENTIFIERS	*Family Advocacy; *Family Support; Native Americans; Pediatricians; Postpartum Depression

ABSTRACT

The Family Resource Coalition's (FRC) mission is to build support and resources within communities that strengthen and empower families, enhance the capacities of parents, and foster the optimal development of youth. FRC pursues this mission by: (1) developing a national resource center on family resource programs; (2) advocating on issues that affect families; (3) providing consulting and training services that integrate family-focused prevention principles; (4) publishing; (5) sponsoring conferences; (6) providing technical assistance on program development. The FRC newsletter reflects these interests. This document consists of all 18 newsletter issues for the 6-year period 1987-1992. Sample lead articles in recent issues are: "Five Principles to Help Families Deal With Television," "Strengthening Youth and Family Resistance to Alcohol and Other Drug Abuse," and "Family-Centered Childcare." (AA)

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Family Resource Coalition Report.

Volumes 6-11, 1987-1992.

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Family Resource Coalition Report

A North American Network of Family Resource Programs

Volume 6, Number 1 — 1987

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inter-
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FRC Announces Its First Summer Training Institute...

Parent education is receiving increasing emphasis and attention as dramatic changes in family life accentuate parents' needs for current information and new skills. Though many professionals recognize the importance of designing and implementing programs to meet the needs of families, training in this maturing field is limited.

In Chicago, on July 19, 20, and 21, the Family Resource Coalition will expand its technical assistance services by offering twenty hours of training devoted to the latest theories in parent education and to practical service delivery methods.

The FRC Summer Training Institute is designed for professionals who want to learn about developments in prevention services for families, and how to initiate parent education classes and parent support groups in their communities, agencies, or schools.

In 1980, Harmon and Brim, the authors of *Learning to be Parents,* wrote of the need for a new analysis of the field of parent education. They based their attitude on the significant growth of parent education programs during the '70s, and a parallel increase in the number of practitioners. They also recognized that academicians had begun to focus their attention on the theoretical orientation of parent education programs as well as program design, content, and effectiveness. Those trends continue today.

As a result, a new definition of parent education has emerged in the '80s. No longer viewed as an "expert" or professional imparting child development information to parents, often in a didactic manner, parents now are seen as active participants in the process with the professional involved more as a resource. Greater recognition is also given to providing support to parents, not simply information.

Nicholas Hobbs provides an excellent new definition: "We view parent education as the process of enabling parents to obtain information and skills useful to them in performing the array of functions broadly related to their parental role. Parent education includes learning opportunities relevant to childrearing functions, to parents' executive function (providing for the family, interacting with other institutions), and to meeting the personal needs of parents."

FRC's 1987 Summer Training Institute curriculum will combine the latest research and theory in the field with practical training in running groups for parents. Six hours will be concerned with the area of primary prevention, social support networks and their positive effects on mental health, recognizing cultural variables, and the new role of the professional.

Other sessions will cover practical training in methods for designing, implementing, and evaluating parent education groups. Additional training will be offered in group process, peer support theory, and the how-tos of operating parent support groups.

The Institute will be held at DePaul University's Lincoln Park campus, with low-cost accommodations in new, air-conditioned residence halls. Registration fees are $300 for FRC members, $375 for non-members; some scholarships are available. The registration deadline is June 26th, and attendance is limited to 100 participants.

Write or phone the FRC for an Institute brochure and plan to join us in Chicago for a most unique training experience.

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Preparing Pediatricians as Family Advocates: Collaboration in the Community

by Dr. Peter A. Gorski, Linda Gilkerson, and Ida A. Cardone

Parent and pediatric resident visit at Family Focus.

Pediatricians have many great advantages as professionals offering support and guidance along the path of child and family development in modern society. As they track and protect health from birth throughout childhood, they acquire close knowledge of a child's unique characteristics as well as a family's individual nature and values. The pediatrician learns about the child when healthy and when coping with the stress of illness, family problems, school pressures, and broken hopes or dreams.

Thanks to modern advances in the prevention and management of many dread diseases, physicians find that an increasing majority of their time and interest can be devoted to parental concerns and child development. Pediatricians are daily asked questions about child care choices, developmental programs, school environments, and community services for the special needs of children and parents. Families are experiencing radical social change, and the need for dependable, knowledgeable guidance in these areas can appropriately fall to the pediatrician.

Ensconced within a local community, the pediatrician is also privileged to have contact with a variety of community-based health, educational, recreational, and social service agencies. After making diagnoses which might respond well to intervention, the physician needs to have agencies available that can provide the highest quality services to children and families.

Unfortunately, most pediatricians complete medical school and residency training with minimal formal education about children's health (as distinguished from illness), child development (normal or atypical patterns), family systems, or community resources. Reared in a pathological model, physicians conceptually struggle to define and support strengths and optimal directions within individuals, families, and programs.

Personal experience, moreover, hardly fills the void left by professional education in this area; few young medical students or pediatricians-in-training have children themselves before they become responsible for guiding families.

At the Evanston Hospital, through the Department of Pediatrics at Northwestern University School of Medicine, our staff is attempting to better prepare pediatricians for their broad opportunities on behalf of the children and families in their future practices.

We have designed a supervised teaching program through which trainees can observe quality community programs, learn how to identify high quality services, discover ways for pediatricians and agencies to communicate and coordinate for the mutual benefit of families, and develop important insight into the behavior of children in caring and learning environments outside a hospital setting.

Description

All pediatric residents at Northwestern University spend a six-week block of time in our Division of Behavioral and Developmental Pediatrics. This is a relatively lengthy period compared with other medical specialty training, and enables us to introduce some breadth and depth of clinical, theoretical, hospital-based, and community-centered child development teaching. Our core faculty includes physicians, educators, psychologists, social workers, and physical, occupational, and speech therapists.

During this six-week rotation, resident physicians spend some time visiting several community agencies. They talk with parents and observe the normal activities of both symptom-free children and those who exhibit a broad range of developmental problems. These agencies include the Family Focus Parent Drop-in Center and Lincolnwood Public School, both in Evanston, Illinois, and the Lake McHenry Regional Parent-Infant Program in Lake Villa, Illinois.

Family Focus is a center for families with children under four years of age. Their program promotes optimal development of children by enhancing parental confidence. Parents have opportunities for informal sharing as well as more structured activities with attendant child care. Our residents participate in center activities for two mornings—one in the children's room, and the other in the parents' room.

Lincolnwood is a multi-ethnic, multi-racial school serving 450 children from kindergarten through fifth grade. After sitting in on one or two classes, the residents meet with teachers and administrators during their morning visit.

The Lake McHenry program is an interdisciplinary, early intervention program for children with learning and developmental problems. Here, the residents participate and observe during a team assessment and the formulation of a treatment plan.

Illustrations

The scene is the infant section of the Family Focus children's room. A rosy-cheeked eight-month old is wailing and wiggling, unmistakably making her displeasure known. An accommodating young woman sprawled on the floor next to the baby has been crawled over, drooled on, and is now valiantly trying to decipher the baby's needs: a bottle? a cuddle? a look into the floor-level mirror? Mother is called from the adjoining parents' room, and her presence and a diaper change bring quick relief. This is a common scenario in one of the most acclaimed and duplicated drop-in centers in the nation. What's unusual, however, is that the wholeheartedly engaged infant aide is a doctor, a second-year resident in pediatrics.

At Family Focus and Lincolnwood School, residents meet in teams of two or three under the supervision of staff from the Division of Behavioral and Developmental Pediatrics and/or from the participating agencies. The three-hour visits follow a general course of orientation, time as participant observer, and a session of mutual feedback with all concerned.

In a recent post-observation session at Family Focus, the residents taught staff about the differences between constipation, obstipation, and encopresis. The center staff then provided insight into child behaviors observed by the residents. This led to a discussion about training office receptionists and nurses to play with children in the waiting room in order to observe behavioral signs that might reflect physiological conditions.

The scene shifts to a fifth grade advanced math class. The teacher is challenging, fast-paced, yet supportive. Her students are responsive, unafraid, and quick to volunteer answers even at the risk of making an error. The pediatric resident whispers to a staff member that he, too, had been an advanced math student. He relishes and identifies with the excitement of the students.

In the post-observation feedback session with the school principal and social worker, the discussion ranges broadly: What if this teacher had not been supportive as well as challenging? Might exhilaration turn into stress? Could the competition that felt okay today turn into sleepless nights and chronic daytime fatigue? Experiencing this class provides an important perspective for the beginning pediatrician who will see many 10-year old children in his/her practice.

Our final scene occurs at Lake McHenry, where the speech therapist and parent-infant educator are finishing up an initial assessment with the family of an infant with multiple congenital anomalies and complex medical needs. Their assistant, a second year pediatric resident, reaches out to comfort the little girl as she struggles to maintain an upright position in an adaptive chair. "Wouldn't it be easier for her if she wasn't sitting?" asks the resident. The therapist replies, "Actually, having her head at a 90-degree angle is best for feeding. Sitting up helps her develop better head control." Soon the youngster settles in and begins to take cereal by mouth, an emerging skill for this very involved child.

Exposure to the skills and knowledge of the developmental specialists of community-based early intervention teams is one of the primary goals of this part of the community visit teaching module. The integrated programming of a comprehensive interdisciplinary team rounds out the experience of residents who are usually oriented to individual hospital-based therapies for handicapped children.

At the end of their six-hour visit, spread over two sessions, the residents sit down with the staff and director to debrief and to dialogue about relationships between physicians and programs. At this point in their training, residents are still focused on diagnosis and treatment of acute medical conditions. They now have a growing awareness, however, for the long-term needs of families of atypically developing children. Their on-site experience with parents, children, and staff helps create a readiness for collaboration which can later be applied to private practice or pediatric subspecialty careers—especially neonatology, neurology, and intensive care medicine.

In the original design for the community experience, we planned to have the residents conduct medical histories as part of the early intervention assessment and to give a talk to the professionals or parents at each site. We soon realized, however, that residents learned more from the site visits if they stepped out of the expert role. The pressure to know is great during professional education; learning in a relaxed setting, through assisting others and talking informally, offers a unique opportunity for professional exchange.

Meaning and Value

Through the community teaching program, residents can interact with children of all ages but are not under pressure to diagnose their ills or prescribe for them. This frees the resident to attend to the primary goals of the curriculum: develop a framework for the systematic observation of children, develop a sense for the interactive idiosyncrasies of infants and children along the normal spectrum, and most importantly, cause residents to explore and sustain their subjective reactions to children—a habit of self-reflection that will prove useful in their practices as they develop comprehensive treatment plans.

As participant observers, residents have an opportunity to experience for themselves the very broad range of environmental challenges and supports that can bear on the well-being of their young patients. This further encourages the resident pediatrician to recapture aspects of his or her own childhood history and, in the process, rekindle empathy and enthusiasm for the challenges faced by children of the '80s.

Faculty and trainees alike regard these community participation visits as highlights of the pediatric child development curriculum. The young physicians rediscover their social and professional contacts with the "real world" outside acute care medicine. The community agencies appreciate the direct access to medical professionals and the respect they receive from their physician guests. All concerned seem to benefit as historic walls become the foundation for bridges between dedicated individuals serving their common and special goal of achieving wellness.

We wish to acknowledge our sincerest gratitude and admiration for the generosity and dedication of the administration, staff, and parents of Family Focus, Lincolnwood School, and Lake McHenry Regional Parent Infant Program. Thanks, too, for the warm friendship and spirit of their children.

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Linda Gilkerson, Ph.D., an early childhood special educator, directs the Infant Care Program of the Evanston Hospital, a hospital-based perinatal family support service offering specialized services for first-time and experienced parents, high-risk obstetric patients, and families at risk for parenting problems. She also is on the faculty of the Erikson Institute of Chicago and on the Boards of Directors of the National Center for Clinical Infant Programs and INTERACT.

Ida Anne Cardone, Ph.D., is a psychologist on the staff of the Division of Behavioral and Developmental Pediatrics at the Evanston Hospital. She serves as Coordinator of Training and Clinical Development of the Family Administered Neonatal Assessment in the Infant Care Program. She has a private practice in Winnetka, Illinois, and is President-Elect of the Illinois Association for Infant Mental Health.

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Parent Educators Train Pediatric Residents

by B. Annye Rothenberg

Two years ago, a visit from the chief pediatric resident of Stanford University's Medical School dramatically changed the scope of our Child Rearing Education and Counseling Program. He came to talk about the frustration and embarrassment experienced by residents during their training when they had to advise parents on behavioral issues such as nursing, sleeping, playing, discipline, parenting adjustments, and couple adjustments.

Further, he felt their lack of training in behavioral pediatrics kept many of the residents from choosing general practice as a future; instead they were selecting specialties such as pediatric oncology, or research, or academia.

Our parenting program had come to the chief resident's attention, and speaking on behalf of the residents, he asked if we could develop a rotation that would teach them about typical parental adjustments and prepare them to give useful advice to parents on common child rearing questions.

Our reaction as parenting educators was one of great enthusiasm. After fifteen years of hearing about the frustration many parents in our classes had experienced with their pediatricians, as well as dealing with our own pediatricians, here at last was an opportunity to do something significant. We were being given the chance to completely design a program to train pediatric residents in what we had learned from working with parents.

To do this, we looked first at some of the common problems that had been expressed by parents about their pediatricians over the years. Some of the main ones were: He doesn't have any idea what it's like to be a parent; he's only interested in my child, not in me; his advice is totally unrealistic; it's clear he hasn't spent much time raising his children; his advice is based just on what he's heard from his wife; he keeps telling us that what we do is up to us but that's not enough; he gets uncomfortable when I have more than one question; he's so authoritarian that he doesn't want to hear our ideas.

With all of this in mind, we developed a plan for third (or last) year residents, involving them for four weeks, fifteen hours per week. The plan was based on five dimensions: practical readings, individual sessions with parenting staff members, visits to parenting classes, structured home visits, and time with children. (Many residents—especially those who aren't parents—spend very little time with children outside the medical setting.)

Our plan included focusing on new parent adjustments and the first year of life as the beginning topics, then moving on to toddlers, and preschool children. We realized that a total of sixty hours was very little time for this training, but we felt it was a start.

The author (right) with pediatric resident.

What this looked like was that residents would spend their first week with us reading about parental adjustments and topics such as infant crying and feeding, hearing those issues discussed in a parenting class, and learning how to listen to and advise parents on the subject. In addition, they would visit a new family, talk to the mother about her adjustment, and spend some time with very little babies, just playing and caring for them. In the following week, the focus would shift to three- to twelve-month olds, and so on.

Within six weeks, the plan was approved by the Pediatric Department Chairman and faculty members; our clinic director was willing to pay for staff time for a few trial months.

The rotation began in July, 1985, as a one-on-one elective in Parenting and Behavioral Pediatrics. The training went well, and the residents were very pleased with their increased knowledge and comfort level with parents and children. They were more at ease with parents' questions, and felt that at last they had some good advice to offer. They also felt they were getting to know the parents and their needs better. Word travelled quickly among the residents, and all thirteen third-year residents chose the Parenting elective in this first year.

During the year, many of these residents expressed the view that it was critical to begin this training in the *first* year of pediatric residency. They worked hard to make this happen, and by August, 1986, there was a new required rotation in place for all first-year residents.

This year, all Stanford first-year residents are taking the four-week rotation for 10-12 hours a week. It occurs during the same four weeks they work in the well-baby nursery and start to see new families as clinic patients from birth. This new rotation is considered Level One, and it focuses entirely on new parent adjustment and the first year of life. Issues such as feeding, crying/calming, sleeping, schedules, playing, and handling babies are covered in detail using the same five avenues of learning that were developed the previous year for the third-year residents.

In addition, we observe the first-year residents with their patients and give them feedback about their manner/approach to the parents and babies. A special effort is made to introduce Dr. T. Berry Brazelton's work with new families into the residents' repertoire through the use of his books and videotapes.

A Level Two elective is offered to second- and third-year residents that begins at the children's one-year old stage and goes through preschool. Most of the residents take this elective and typically work with us full-time for four weeks. We use many resources in this work, including readings by Brazelton, Fraiberg, Chess, Thomas and Birch, Bromwich, Wolfson and DeLuca. Our own textbook, *Parentmaking: A Practical Handbook for Teaching Parent Classes about Babies and Toddlers,* has been very useful as well.

Funding for the first two years of our pediatric resident training program has come through the Walter and Elise Haas Fund. We will soon be meeting with the Pediatrics Department to talk about their future support.

Developing Competence and Compassion

We have learned a great deal about why parents feel so much dissatisfaction with their pediatricians. The physicians simply have not had the necessary child-rearing training and have problems being asked questions they don't know how to answer. They have picked up bits and pieces of advice from other residents and faculty, but have not developed an understanding of such issues as child rearing philosophies and discipline approaches.

It is interesting to note that in our work we have consistently found that most residents begin the rotation in parenting and behavioral pediatrics by assuming that there are no good answers — no really helpful advice for parents' questions. Usually, by the end of the first week, they have changed their minds as they begin to use what they're learning with their clinic patients and see how helpful the parents find their guidance. Some residents become remorseful about much of their previous "guidance" to patients, but this reaction has tended to be replaced fairly quickly with a new sense of compassion and competence.

The residents also find it helpful that their new learning experience takes place in the personal, educational, and counseling environment of the Children's Health Council. This modeling of individual caring and attention to clients, which they report as often lacking in formal medical school training, enables them to work with patients in a more personalized approach.

The residents report this training in parenting and behavioral pediatrics to be extremely useful. They can tell from patients' reactions that they are being more helpful and thus feel greater satisfaction in their role. They are also learning to get feedback from their patients on how well their advice works. This is something we do routinely in parenting classes which improves our skills, but getting feedback is much more rare for pediatricians.

The pediatric residents also use this opportunity to learn more about being parents themselves. Most are not yet parents, but listen well about what it's like to be a parent. Those who are parents are relieved to learn that they, their spouse, and their children have much in common with other families. They share their readings with their spouses, and during staff sessions they raise examples of their own children to work on as they learn more useful advice about child rearing.

Partly because of this training, many of the residents are planning a different, broader type of pediatric practice. One of the most intriguing plans is that of a senior resident who hopes to develop his and his wife's pediatric practice at the site of a day care center that would provide a program of parenting classes and a parent resource center (books, toys, etc.).

Recently, one of last year's senior residents returned to visit from his new practice in the East. He reported that the parenting and behavioral pediatrics course at the CHC had been the "single most valuable experience" in his training for what he needs in his general pediatric practice. He has begun to realize that it's the personal involvement with his patients that will enable him to really enjoy his practice rather than have it become repetitive and tiresome over the years.

The work we are doing with the pediatric residents has been very rewarding. The residents are in the process of training, and quite open to accepting new ways of relating to their patients. We know that each of the forty residents enrolled in the training will be working with hundreds of families during their careers, so our time with them is exceptionally well spent.

We recently had the pleasure of watching the evolution of a senior resident's skills as he told us how he used to routinely handle all his patients' discipline questions by saying to the parents, "All you have to do is decide who's in charge — you or your child." When we saw him last week, he was asking the parents questions, finding out what they had tried, teaching them some basics of limit setting, and working with them to develop some individual approaches based on their child's age, temperament, and the parents' personalities.

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B. Annye Rothenberg is a child/parent psychologist and founder/director of the Child Rearing Education and Counseling Program at Children's Health Council in Palo Alto. Her Ph.D. from Cornell University is in child development and child psychopathology. She is the senior author of Parentmaking: A Practical Handbook for Teaching Parent Classes about Babies and Toddlers (Menlo Park, CA: Banster Press, 1982), *and co-leader of a training program for early parenting educators. Annye also teaches the Parenting Preschoolers series at CHC, provides child rearing counseling to parents, and consultation to mental health clinicians, nursery schools, and day care centers.*

CHC's Child Rearing Education and Counseling Program is a member of the Family Resource Coalition.

Doctor and toddler get acquainted.

Interview Tips from a Talk Show Host

by Adrienne Kaplan Braun

Organizations like the Family Resource Coalition are important to broadcasters because they enable us to disseminate valuable information to the public.

My public affairs talk show, "Insight," which airs Sunday mornings on WCLR-FM (101.9 at 7 AM) in Chicago is a case in point. The main reason I schedule a show is to offer my listeners an opportunity to learn something, and I thoroughly research potential guests before committing to an interview. While I do my homework, however, many talk show guests don't do theirs, and the result is a one-time-only appearance.

Your homework should start the moment you decide you would make an interesting guest. Begin by narrowing the options. Identify which radio or TV station best suits your needs. Call that station's Community Affairs Department and ask about the nature of their public affairs shows.

If a station presents programming for senior citizens, it's a safe bet they would reject a proposed show on acne. The host or producer wants to book guests who will discuss issues affecting a majority of his/her audience, and will consider the issue itself as a selling point.

Once you target the appropriate station, you need to select the particular show that is the best vehicle for your special interests. Many stations present more than one public affairs program, and most shows deal with diverse issues.

Years ago, before the Federal Communications Commission deregulated radio, Community Affairs directors routinely "ascertained" leaders about the problems, needs, and interests they perceived at the local level. Because my parent company, the Bonneville Corporation, requests it, I still interview community leaders, and use "problems, needs, and interests" to plan my public affairs programming.

For example, if a majority of the leaders say crime is a major concern, you can bet I will schedule shows on crime during the next broadcast quarter. The needs list also helps me schedule those shows that are produced in my studio, so that "Insight" may deal with crime one week and education the next.

On the other hand, many radio stations don't ascertain community leaders and rely instead on the judgment of their producers or hosts. It's here, if you have done your homework well—asking questions about the audience and listening to the show—that your chances are increased for convincing a producer/host that your issues will benefit their audience.

Having chosen the station and program, write to the producer/host explaining why your organization and/or issue would make a good topic for their show. Send along background material and biographies if you feel additional information will help sell your idea. Give the broadcaster a couple of weeks to think about it, and then call. Hopefully, you will have made a good presentation and you or a representative of your group will be booked for an interview.

At this stage, it's important to select a speaker who has had previous experience on the airwaves, especially if you are trying to book within a major market like Chicago. As a host, it is not my job to instruct guests about appearing on talk shows. It is my job, however, to solicit information and communicate it to my audience, so you must be able to send me someone who can talk without experiencing "mike fright." That may sound callous, but major markets are not a training ground. If you live in a major market area, try your local university radio station before you try me. They can offer you valuable experience.

You can become a good talk show guest by preparing for the interview. Try typing up a few sample questions and ask a friend to go through the list with you by pretending he/she is the host. Answer the questions as though you were just visiting. "Insight" is relaxed because I engage my guests in friendly conversation rather than a question and answer situation.

It's the host's job to put the guest at ease, but hosts vary as much as guests. You can help yourself in this situation by focusing on the host, listening closely to the questions, and answering to the best of your ability. If you insist on "yes" and "no" answers without elaborating, you will be classified as that one-time-only guest I referred to earlier.

One television host I know prepares guests for her show by asking them to talk about themselves before the cameras start to roll. She gets to know people individually that way, and they get to know her, which makes for a more personal and livelier conversation. I find that technique works just as effectively for radio. You might suggest such a possibility to your interviewer when scheduling a taping date. If you feel a point can be explained better with anecdotes, use them. I find the average listener craves something to identify with rather than simply listening to lectures from qualified experts.

In conclusion, not-for-profit representatives accomplish three goals by agreeing to be a talk show guest: disseminating information to an audience who may take advantage of their organization's programs, drumming up financial and moral support for the organization, and helping the broadcaster serve the public.

The guest also transcends his/her job as spokesperson to become "public spokesperson." And since most radio stations will make and save copies of the show, it's permissible to ask for one to use at fundraisers or to help you prepare for your next interview.

We take our work seriously, and expect you to do the same. After all, we both want the same thing—we want the audience to learn. But you are the teacher, and my listening audience is your classroom. Together, maybe we can make a positive difference in someone's life.

Adrienne Kaplan is currently Community Affairs Director of WCLR-FM. She is host and producer of "Insight," a weekly public affairs talk show, news anchor, and reporter for the station. She has been Assignment Editor and City Hall correspondent for WCLR, as well as news writer/producer for WGN-TV and WGN Radio in Chicago. Adrienne has created award winning public service campaigns and documentaries, and is the immediate past President of the Chicago Area Broadcast Public Affairs Association.

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Call for Help

by Peter Silvern

Editor's note: Dr. Balter's growing media exposure is testimony to the fact that parents want and need information to do their job as parents, and the media can and will respond to this need. It is further testimony to the change in the expert's role from that of overseer to that of partner.

Empowerment is the key.

"I never tell parents what to do," Lawrence Balter says. Instead, he gives well-researched information that he hopes will be compatible with a parent's own value system. With this approach, he also helps them become independent decision makers rather than relying solely on the advice of experts.

Dr. Lawrence Balter, a professor of Educational Psychology at New York University, is also a psychoanalyst and long-time veteran of helping troubled parents in need of guidance.

"Today," Balter says, "we are much more aware of children's capabilities. Over the last twenty years, we've come to see how sophisticated children are and we attend to them in different ways."

The road to becoming successful as a media psychologist began for Balter in the early 1970s when radio station WCBS in New York added "soft features" to their normal hard news broadcasts. As part of the new segment, Balter was brought on board to create two-minute pieces on the subjects of child psychology and child development.

In 1977, he became part of NYU's "Sunrise Semester," a lecture-by-TV program sponsored by the University. For this program, Balter created 46 half-hour lectures on the subject of discipline.

"It was a very low budget operation," he explains. Because of this, he had the opportunity to participate in every facet of production.

Around this same time, Balter started CHIPS—Children and Infant Parenting Service—an NYU-based warmline service. Families in the tri-state region can call and leave a message concerning a particular problem they may be having with their child. Balter discusses an appropriate response with his doctoral students and then one of the students contacts the parents and offers them suggestions.

As publicity about CHIPS grew, Balter was invited to appear on news and talk shows as a recognized expert in the field of child psychology. Over time, he developed his own soft-spoken style that puts parents at ease when they speak with him on the air.

In offering information to the public, Balter restricts his advice to what he knows. No medical information is volunteered, or advice concerning children over 17 years of age. He offers no therapy over the phone, nor does he suggest what he calls "fringe thoughts." Everything he talks about is widely accepted practice in the field of child psychology.

Balter admits it is sometimes difficult to give information and have parents use it. In order for the message to get across, he feels, it has to be non-threatening and, when possible, non-judgmental.

As his success and popularity increased, Balter was hired by WNBC-TV to moderate a public affairs program entitled "Children and All that Jazz." The change from Educational TV to Public Affairs TV meant an increase in budget, a staff, a pleasant place to work, and national distribution.

Utilizing skills from his earlier venture in television, Balter was able to work as script consultant, researcher, interviewer, and moderator. There were twenty segments to the show, and they ran a gamut of topics from teen pregnancy, runaways, and cults to children's rights and child abuse.

In 1982, he was given a chance to host a call-in show at WABC radio in New York. The station had recently changed its format from an all-music to an all-talk show and the management was looking for chatter to fill open slots.

At the time, the only "psych" shows on the air were those dealing with interpersonal communication issues between adults. There were no programs having to do with children that he was aware of, and he contacted WABC. They jumped at the chance to reach a new audience, though they auditioned him at 2 AM on Thursday morning.

"I thought no one would be out there, but the lines just lit up."

The success of the program spawned a five-hour call-in show for the tri-state area. In 1984, ABC Talk Radio established a two-hour nationally broadcast version of his local program. Now heard each weekend on ninety stations, calls come in from locations as diverse as Honolulu, Lubbock, Altoona, and East Grand Forks, ND.

"I'm in a unique position compared to other psychologists," Balter says, estimating his listening public in the hundreds of thousands. "I'm able to hear contemporary problems from large numbers of parents, so I know the current issues." Some of those issues are artificial insemination, surrogate parenting, and adoption by single parents, subjects that were not a large part of his curriculum when Balter attended school in the early 1960s.

In giving his advice on how others might want to go about establishing themselves as media experts, Balter is quick to point out there is no sure-fire way—it has to do with timing and opportunity, and the skills of the expert. But he does have a few suggestions.

"A lot depends on the particular station being asked. If they have a need or forum for experts, that helps. Trying to convince a station they need what you have to offer," he says, "can be more difficult."

Balter suggests getting the attention of a station/program manager, and pointing out how one's expertise relates to the needs of the community or reflects current affairs. "It's important to let them know you exist," Balter says. "Then, when you have an exciting program or innovative resource, use it as a press release. Invite them to visit, to see what you're doing, and offer them individuals from your membership who can be interviewed as experts."

"If you wait to be asked to be interviewed," Balter says from experience, "you'll wait forever. You have to take the initiative."

Contact: Dr. Lawrence Balter, ABC Talk Radio, 125 West End Avenue, New York, NY 10023.

Dr. Balter is a member of The Family Resource Coalition and author of Dr. Balter's Child Sense, *published by Simon and Schuster (1985).*

Peter Silvern is a freelance journalist.

Why and What You Should Know about PPD

by Carol Dix

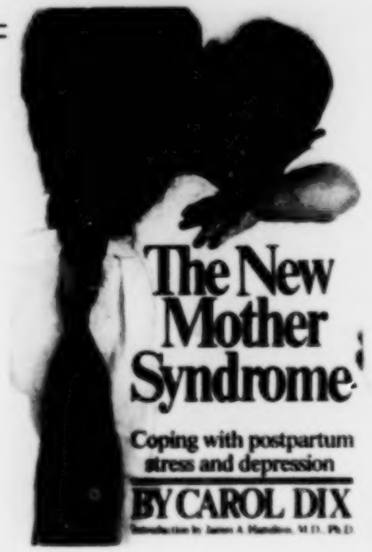
Nancy, 33, a happily married teacher, keen to be starting a family, was hospitalized in a psychiatric institution sixteen days after the birth of her baby. The normally happy-go-lucky Nancy was ranting and raving, hallucinating, and suffering from delusions. She had lost the ability to sleep or eat. After days of watching this strange behavior, her husband called their obstetrician who told him to get her to a hospital immediately. She was going through an extreme postpartum psychosis. Words they had never heard or read.

Mary Anne, 28, a secretary, had been shocked to find herself pregnant again when her first child was only nine months old. But she and her husband reassured themselves that in this way they would have their family quickly, and she would enjoy the two growing up together almost like twins. Three months after the second baby's birth, Mary Anne did not know what to do with herself. She cried uncontrollably, was in the depths of depression, her self-esteem at an all-time low. Often, though she kept this a secret, she contemplated suicide. Her local doctor said it was nothing; couldn't be the baby blues because the birth was already long behind her. Try and get out some more, was the only advice he gave.

Lucy, 31, came round crying in the recovery room after a C-section birth. She wanted to leave the hospital alone. After months of looking forward to having her baby, she just couldn't see herself as a mommy, now the moment had come. For six months back home, Lucy described herself as a basket case. Her husband took care of the baby. When Lucy went back to work at six months, finally some of the cloud began to lift. With help she saw that some of her problems were to do with her relationship with her own mother. But there was no denying the strength of that depression.

These are true stories, and I could find hundreds more without effort. So why do we as mothers, parents, professionals, or as a society, know so little about what I call PPD—an umbrella term to cover the variety of syndromes including postpartum depression, postpartum psychosis, and the milder cases of difficult adjustment to parenthood?

Statistics are high enough to merit our attention. At its milder levels, symptoms of PPD would include anxiety attacks, sleeplessness, a general feeling of depression, and loss of joy in life. The 'baby blues', with its chronic weepiness after delivery, is related to PPD and affects as many as 80 percent of new mothers.



At its more severe levels, 1 in 500 new mothers are hospitalized for psychotic episodes, or for severe postpartum depression with suicidal tendencies. One in ten experiences more moderate symptoms that may be debilitating or lead to the destruction of a marriage.

Through major research for my book, *The New Mother Syndrome: Coping with Postpartum Stress and Depression* (Doubleday, 1985), I have learned how many women are handicapped by unexpected, unexplained symptoms of PPD. And how little understanding, support, or treatment is available.

What is PPD?

Hormonal changes are the direct cause of the mood and personality disorders following delivery. During pregnancy, reproductive hormones increase rapidly to help protect and support the fetus. Within thirty-six hours after birth, progesterone and estrogen and other major body hormones such as thyroid and the adrenal corticoids flush out of the body along with blood and fluid loss. Indeed, what we consider 'normal' recovery from childbirth has been described as heroic.

We now know that when levels of the body's hormones are lowered, it affects our neuro-hormones—or brain chemistry—which in turn affects moods. The 'baby blues' reaction is a mild and usually self-limiting response to hormonal loss. PPD itself is stronger in its manifestations, but equally linked to hormone, or biochemical, changes.

It is difficult to advise who is most prone to PPD, as research is in its very earliest stages (although the relationship between personality disorders and childbirth has been noticed since 4th century BC and Hippocrates). Anyone with a family history of manic depression or depression should be on the lookout for symptoms. Older mothers, women who have experienced infertility before getting pregnant, and women who are used to an active life, or who have a lot invested in being a 'perfect' mother, tend to be susceptible.

Symptoms vary for the individual, but postpartum psychosis reveals itself in the first month following birth; postpartum depression does not usually come on till after the first month—often not until the third, fourth, or sixth month.

In the first two weeks to one month after birth, symptoms to watch out for are: mania and hyperactivity, insomnia, loss of appetite, anxiety or panic attacks, hallucinations, delusionary thinking. If symptoms persist and become worse, don't expect them to go away of their own accord, but seek professional help. Antipsychotic or anti-anxiety medication is usually prescribed. But any woman going through PPD, I believe, needs some form of support group help.

Postpartum depression after the first month is characterized quite differently by a withdrawn, depressed, often despairing mood. The new mother may keep the shades drawn, not get dressed, feel unable to cope with the baby or herself. The extreme mood is suicidal and should be treated seriously; medication is advised. And, as before, I believe in support group help.

Mood changes and severe personality disturbances after birth, while chemically based, can be aggravated by the lifestyle and emotional upheavals experienced by any new parent.

The New Mother Syndrome

I came into this whole line of research following the birth of my second daughter, within two years of our first. At the fourth month of caring for a toddler and an infant, I found myself in a deep depression that I could only describe as feeling 'no joy in life'. I had a husband, roof overhead, two fine healthy daughters. In my early thirties, I was a freelance writer, able in theory to continue my work life based at home. And what was I really feeling? Terrible thoughts such as, "How did my life ever come to this? What on earth made me think I'd want to be a mother? How can I escape?"

When my own depression hit, I had recently moved from England where post-natal depression (as it is called there) was widely discussed. It seemed that public education and awareness were needed, and I put the idea of writing about postpartum depression to a mother and baby magazine to which I regularly contributed. The editor frowned and said, "Oh no, no one will want to read about that. It's too depressing!" Fortunately, perhaps, she then had a second child, over age 40, and went into a depression.

The article was given the go-ahead, and I set about my research, approaching the libraries and bookstores for relevant material. First surprise. There was nothing available.

My article was printed and brought in a few letters. As a previously published writer, I now put the idea to my editor at Doubleday and was given a book contract. Second surprise. Now that I had embarked on a major study, I needed to track down all the professional experts in the field. I could not find any. I interviewed some obstetricians who were members of the American Society of Psychosomatic Ob/Gyns, and they gave me some help. No one felt postpartum depression or psychosis was much of a problem at that point. And I had times of doubt that I had invented a new social issue and was now doing my best to build up a case.

In London, however, I interviewed Dr. Katharina Dalton, a renowned physician who had published books and papers on PMS and postnatal depression. Her book, *Depression After Childbirth* (OUP, 1980), had been the only work available until recent times. Through Dalton, I contacted Dr. James Hamilton in San Francisco. Formerly an associate clinical professor of psychiatry at Stanford University, Hamilton was described as the 'founding father' of all work on PPD in the U.S. His instant response to my call was, "Thank heavens someone is finally going to write this all up and get the word out to the women of America."

Hamilton became my resource and guiding light. Five years ago, he and some fellow doctors, all researching various elements of PPD, set up an international organization for the promotion of research and understanding. They call it the Marce Society, named after Louis Victor Marce, the 19th century French doctor who is credited with first recognizing the link between birth and mood disorders.

My research picked up momentum when a brief letter was printed in Working Mother magazine asking for women's experiences, and I received over 300 responses. Then, I contacted Jane Honikman, one of the founders of PEP (Postpartum Education for Parents) in Santa Barbara, who had written papers on the emotional problems facing new mothers. For years, PEP and particularly the PEP Warmline, had been taking calls from women in distress following birth, but no one had understood about PPD or had been able to offer helpful advice. Jane recognized that PPD was the missing link.

With publication of The New Mother Syndrome, I have been able to take the news about PPD to the national airwaves. Linking up with women from support groups specifically geared to the needs of PPD, we have spread the word through television's Phil Donahue, Oprah Winfrey, Hour Magazine, AM Philadelphia, Good Morning Boston, Kelly and Co. in Detroit, and NBC's "1986", as well as several nationwide radio talk shows.

All of us involved in the campaign for PPD now believe that we must reach out to all professionals and the caring community who work with pregnant couples and new parents. We also have to help the growth of support groups that are not afraid to talk about some of the unwelcome side effects of becoming parents.

We are addressing ourselves to the impact of PPD on society as a whole. Extreme cases can lead to infanticide or to maternal suicide; more moderate cases can destroy families, lead to divorce, set women's lives back several years as they struggle with symptoms they don't understand and for which they feel terrible guilt and shame.

PPD is not a curse or a mark of failure. Women do not need to be ashamed or feel guilty. And they must realize they are certainly not alone.

Carol Dix, author of The New Mother Syndrome: Coping with Postpartum Stress and Depression *(Doubleday, 1985), is also co-author with Dr. Jonathan Scher of* Everything You Need to Know about Pregnancy *(Dial Press, 1985). A medical and women's issues writer, Dix has had articles published in* Mothers Today, Working Parents, Glamour, Redbook, Mademoiselle, Ladies Home Journal, New Woman, the Big Apple Parents' Paper, *and the* New York Post.

Writing under her married name, Carol Maxwell Eady, she has written her first historical novel, Her Royal Destiny *(Harmony/Crown, 1985). Carol is a member of the Family Resource Coalition.*

Contact her at 147 Montague Street, Brooklyn, NY 11201.

Self-Help Groups in the Treatment of Postpartum Stress

by Jane Honikman

Prior to the acceptance of the childbirth education movement, a common concern among the medical community was whether or not to tell women about the pain associated with labor and the complications of delivery.

Today, I am reminded of this when I hear professionals question the wisdom of mentioning the fact that being a parent has its downsides. More specifically, I encounter reluctance and denial about the painful discussion of maternal mental illness. We continue to push for the myth that motherhood is easy, beautiful, and always sunny.

It is time to mature as a culture and accept responsibility for the mental well-being of parents in the same way we have addressed the essential need for prenatal check-ups, well baby clinics, and father participation.

The growth and acceptance of organizations that emphasize family mental wellness, immediately after birth, has been gradual. The difficulty has been a lack of substantive reading material that accurately simplified such a complex issue for the general public.

The *New Mother Syndrome* has accomplished the task with a careful balance of medical explanation and personal stories. The parent support movement now has the documentation necessary to launch self-help, grassroots groups to assist families suffering from postpartum stress and depression.

Every family is affected differently by the birth of a baby. Regardless of how ready parents may be for this change, the responsibility and demands of caring for this tiny new life twenty-four hours a day, seven days a week, can be overwhelming. Sharing feelings and conversation in an atmosphere of recognition and support can help both parents deal with lifestyle changes in positive ways.

Professionals must work with parents to create solutions. While few examples of existing postpartum groups can provide adequate models, health professionals and parents alike can begin to formulate responses to the need together. The role of parent support organizations in the treatment of postpartum depression and adjustment is a young and growing field, ready for intervention and energetic support.

Toward that end, an organizational strategy meeting for self-help groups on postpartum adjustment is scheduled for the weekend of June 26-28, 1987, in Santa Barbara, California. The registration fee will be $25, and we welcome anyone with an interest in helping to promote public awareness, professional involvement, or start-up of new support groups.

Jane Honikman is co-founder of Santa Barbara's Postpartum Education for Parents (PEP) which organized a warmline and parent discussion groups in 1977. She has since become Director of the Birth Resource Center, a non-profit group aimed at educating parents and the public about pregnancy, birth, and early parenting. Jane is the national coordinator for the campaign to disseminate information about PPD, and is building a resource bank of California obstetricians, psychologists, and other professionals with some knowledge of PPD. She has written a chapter on how to start a parents' organization in the recently published Support for Parents and Infants: A Manual for Parent Organizations and Professionals *(from Methuen, Inc., 29 W. 35th Street, New York, NY 10001). She is also a member of the Family Resource Coalition.*

Contact: Jane Honikman, Director, Birth Resource Center, 2255 Modoc Road, Santa Barbara, CA 93101, 805/682-7529.

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LINKING YOUNG AND OLD THROUGH inter-generational PROGRAMS

by Catherine Ventura-Merkel

Historically, the family with its extended network of generations and relations was responsible for the various nurturing, educational, and economic functions required to maintain and support all of its members.

Over the course of the last century, however, America has become highly segregated by age, and family functions have been assumed by a range of more or less age-specific institutions. Children attend age-segregated schools; adults work in environments almost exclusive of children under 16 and adults over 65; elderly people often live in age-segregated housing; and both children and older persons are cared for in age-segregated facilities (day or long-term).

As a result, the old fear the young, the young don't understand their elders, and society suffers growing tensions between the generations.

On a pragmatic level, resources for both young and old have become increasingly limited. For the past five years, older Americans, families, children, and youth have all suffered from severe cutbacks in essential health and social programs.

Older and younger persons have not only suffered as a result of these changes, but are additionally burdened by the myths about intergenerational inequity and conflict that have arisen as a result of the cutbacks. Current media attention implies that elderly people receive an undue share of public resources, suggesting an inequity that has led to competition between the generations.

Intergenerational programs, therefore, are becoming an increasingly popular way to bring younger and older persons together through mutually beneficial exchange. Such programs have proven particularly effective because they meet numerous needs of young, old, families, and communities, and are almost always cost effective, often requiring the sharing of limited resources.

A Resource for Cooperation and Understanding

Ten years ago, only a handful of people in our country used the term intergenerational (between and across generations). It defines a variety of activities and programs that bring people of different ages together to share skills, energy and experience. Even fewer people were involved in conducting such programs.

Despite the societal changes affecting family structure and stability, despite the fast growing population of retired older Americans, despite the increased number of children living in povery, few efforts were launched to address the cross-generational consequences of these changes or to explore the potential benefits of such interaction for the individuals, institutions, and communities involved.

National Council on the Aging

RSVP of Dane County

In 1987, we see a far different picture. Thousands of people are not only familiar with the word intergenerational, but are increasingly involved in hundreds of local programs to address the needs of diverse populations.

The term intergenerational programming refers to activities or programs that increase cooperation, interaction, and exchange between any two generations. Most often, the focus of programming is on youth below the age of 25 and older persons beyond 60 years of age. However, these efforts are also concerned with the middle or "sandwich" generation. Faced with caring for dependent children as well as aging parents, this group often finds solutions to problems through involvement in tri-generational experiences.

Basically, intergenerational programs fall into three types of mutually beneficial programs: (1) those in which youth provide services to older persons, such as friendly visiting programs in nursing homes by children, or a student-sponsored home help/chore service; (2) those in which active older persons provide services to youths, such as foster grandparent programs and volunteer tutoring programs for schoolchildren, and (3) those in which both older and younger people work cooperatively as peers in an activity, such as an oral history project or chorus.

Center for Intergenerational Learning

Why is Intergenerational Programming so Important?

Current circumstances make intergenerational programming the subject of great interest.

Social Separation of the Generations: Generations within a family are often separated geographically, reducing opportunities for interaction and social support. In the past, children spent time in households where they could experience a continuum of life, under the guidance of parents, grandparents, and neighborhood friends. Older family members were the keepers of religious and cultural tradition as well as family history and customs.

Categorization of Service Programs: Categorical programs are beneficial in assuring that the needs of particular groups are not submerged or overlooked. However, targeted programs create situations in which young and old acquire and accept a one-dimensional view of the world with limited opportunities for growth or change, particularly the elderly. Our primarily age-segregated educational institutions exemplify a system that reinforces the separation of young and old.

Shrinking Public Resources for Human Services: Service providers often find themselves in competition for scarce resources, and one disadvantaged group may seem to gain only at the expense of another. Just as a family must rely on cooperation, trust, and interdependent values to make difficult decisions about dividing resources to meet the needs of children and aging parents, so too must a community learn to work in cooperation with a new set of interdependent values to support the well-being of *all* citizens.

Need for Creative Solutions: We have not yet found ways to rebuild the natural helping relationships that were once provided by extended families and neighborhoods. Rather than simply developing programs and services to address every existing or new problem, methods and strategies must be created by building on existing services and institutions to provide opportunities for every generation to benefit from the warmth of community.

What are the Benefits of Intergenerational Programming?

While many of the positive outcomes of a given program will be unique, certain general benefits can be anticipated for youth, older persons, community agencies and organizations, and for the community-at-large:

- Increased understanding of life as an ongoing process in which aging is one natural component
- Improved self-esteem
- Dispelling myths and stereotypes of youth and age
- Encouragement for supportive, meaningful relationships between young and old
- Strengthening informal support networks
- Filling in the gaps that formal social services and families cannot fill
- Providing cost-effective programs that decrease competition for scarce funds and resources
- Promoting community collaboration, pooling resources, cooperative problem solving
- Using time and energy in meaningful involvement
- Sharing experiences and coping skills

What Types of Programs Exist?

Hundreds, perhaps thousands, of intergenerational programs have been initiated in the past decade.

Some are aimed at providing fun and friendship, and others toward complex educational or service components. The settings for these programs are as varied as the populations they serve, and include child care centers, elementary and secondary schools, youth shelters, colleges and universities, senior centers, senior citizen residences, hospitals, nursing homes, foster care homes, and churches. Programs have been successful in both home and professional environments, serving needs of all age groups, and addressing a wide range of problems.

Good intergenerational programs do not just happen. They require planning, training, oversight, and consistent follow-through. It is important to start small with a good idea, test the program components during a pilot phase, then build on successes.

Center for Intergenerational Learning

Simply grouping younger and older people together will not make an intergenerational program work. But the involvement of trained personnel from the start will often improve chances for success and program longevity.

Intergenerational program planning is not problem-free. It requires commitment, cooperation, and sometimes money to make it work. The problems that can arise are usually surmountable with creative thinking; the benefits of doing intergenerational programs far outweigh any barriers that may be encountered.

Conclusion

The advent of an aging society and dramatic changes in family structure mean that people are beginning to think differently about the life cycle, about opportunities and lack of opportunities at different times of life, about what one generation owes another, and what each can give to the other.

Intergenerational programming can provide a renewed sense of community and continuity by reminding people of diverse ages, interests, and backgrounds that the community is an interdependent environment that relies on a delicate balance between all segments of the population.

If a community neglects the needs of children during critical development years, it will pay an enormous cost in educational failure, poor future parenting skills, and decreased employability. The growing population of older persons must rely on this generation of children for their future quality of life, just as children today depend on the compassion and support of older generations.

When all generations can experience the community and each other in positive and supportive ways, society wins in all ways. The underlying message is a challenge to us all to explore creative options for programs that can marshall talents and resources across the generations to meet shared needs or to solve the particular problems of diverse citizen groups.

Catherine Ventura-Merkel is a program associate at the National Council on the Aging, a nonprofit membership organization that serves as a national resource for programs, publications, and training to meet older persons' needs, in Washington, D.C. Since 1979, she has worked on a variety of intergenerational programs and initiatives. Currently, she is coordinating NCOA's activities as co-founder, with the Child Welfare League of America, of Generations United, a national coalition on intergenerational issues and programs. She is also writing a guidebook on developing a Family Friends Program based on the results of a national demonstration being conducted by NCOA in which older adults are trained to work with chronically ill and disabled children and their families in the families' homes.

inter-generational PROGRAMS

Kinships

"I have some love for you," runs the refrain of a parent-written theme song sung in the second grade classroom of the P.K. Yonge Laboratory School in Gainesville, Florida. Esstoya Whitley is the teacher, and the **Adopt-A-Grandparent** program she created twenty years ago for her students and nearby convalescent center residents exudes love, and tenderness, and mutual joy.

Elders walking and in wheelchairs enthusiastically visit the classroom every day, and seven and eight year olds go the opposite way, electrifying the nursing home with their vitality. While elder residents spark the children's school day with stories, songs, games, the sharing of lessons, crafts, and celebrations, they also teach important lessons about human relationships.

The children write letters and poems to their grandparents daily and hand deliver them. Their reading, writing, and verbal proficiencies improve, as do their basic learning skills. Most importantly, they learn the deep satisfaction of voluntarily assuming the obligations of love.

Benefits to the elderly are in new energy levels, greater interest in daily activities, livelier conversaton, improved appetites, and more interest in their appearance. Arthritic and even blind patients have overcome extreme handicaps in order to participate in the pleasures of their young friends' visits.

"Toy" Whitley was raised in the mountains of North Carolina, and her philosophy of intergenerating is basic and simple. "In my family," she says, "if your grandparents died, you went out and got yourself another pair. How are children going to learn anything about life if there aren't older people around?"

Contact: Esstoya Whitley, P.K. Yonge Laboratory School, College of Education, University of Florida, Gainesville, FL 32611, 904/392-1554.

Family Support Projects

The positive effects of intergenerational relationships on teenage parents who are at risk of child abuse and neglect appear in east coast and midwest programs.

In the **Portland (Maine) Neighborhood Foster Grandparent Program,** low-income elders provide caring, in-home support to pregnant and parenting teens over a two-year period. The American Association of Retired Persons (AARP) sponsors this pilot Parent Aide Project among four others, and federal funds pay the grandparents a stipend of $44 for their twenty-hour week. These projects develop linkages among child welfare and aging constituencies, and will develop materials on recruiting, training, supervising, and placing older volunteers.

Foster grandparents are introduced into the life of the mother and her child during pregnancy or shortly after birth. In some cases, the grandparents work primarily with parents, bringing simple companionship, and offering advice on how to cope with the stress of child-rearing. In other instances, the older volunteers work directly with children in activities that help stimulate learning and build self-esteem, often giving mothers their only respite time.

Contact: Nat Shed, Director, Portland Neighborhood Foster Grandparent Program, 155 Brockett Street, Portland, ME 04102, 207/775-0105.

Ninety-five percent of the pregnant and parenting teenagers who are involved in the Harvey, Illinois **Parents Too Soon Program** still live with their parents. Their mothers are often overwhelmed by a combination of family problems that include the teens and their babies, the teens' siblings, financial and housing concerns, and isolation. In self-defense, they have formed their own support group called MUST (Mothers United to Save Themselves).

In monthly meetings, the parents/grandparents take up the issues of privacy, parenting rights, sexuality, goal setting, communication, etc. In order to be successful with their sons and daughters at home, parents use MUST meetings for social events, education, stress management, and sharing information and resources. The support group provides an opportunity to socialize with others who share similar situations, and to gather strength and validation for their roles as parents/grandparents.

Contact: E. Jean Rogers, Program Coordinator, Strength through Identity/Parents Too Soon Program, 89 E. 154th Street, Harvey, IL 60426, 312/339-5010.

Footlight Friends

The Full Circle Intergenerational Theater is a multi-racial ensemble group of ten teenagers and ten older adults, recruited from schools and senior centers in the Philadelphia area. In an intensive twelve-week training period, the players learn improvisational theater skills and an understanding of the problems that affect people as they move through various life stages.

Performing in senior centers, high schools, and community centers, the actors draw on their own experiences and develop skits sensitizing age groups to issues of common concern, and those that portray conflict between generations. The actors are educators as well as entertainers who provide information while correcting myths.

The cast and director actively initiate a dialogue between the age-mixed audience and the players, often replaying a scene using audience members and their suggestions. The project staff also works with teachers and agencies in follow-up activities and training workshops.

Contact: Rosalie Minkin or Dr. Nancy Henkin, Full Circle Theater, the Center for Intergenerational Learning, Temple University, 1601 N. Broad Street, Philadelphia, PA 19122, 215/787-6708.

Growing Together in a Garden

Starting in the fall, third grade students take a weekly walk from their school to a community garden to meet their "garden grandmothers." Their **Roots and Shoots Intergenerational School Garden** program involves a dozen senior volunteers, the Roots, and 35 children who are the Shoots. Linked to the school curriculum in science education, the youngsters plan, plant, tend, and harvest their garden under the guidance of community volunteers who include a cooperative extension farm advisor, an herb specialist, entomologists, and environmental educators. Their experience encourages interest in botany, food sources, and connects their urban lives to the natural world.

The program leaders have two purposes for the intergenerational project: to share the joy and knowledge of gardening, and to give the children positive attitudes towards aging. Getting to know each other, the seniors and children read garden stories, write garden poems, bake pumpkin bread, make bath balms and garden salads, hold harvest parties for their families, and enjoy craft projects.

Contact: Molly Brown, Coordinator, Roots and Shoots Intergenerational School Garden, 727 Holly Oak Drive, Palo Alto, CA 94303, 415/494-0397.

RSVP of Dane County

Cross-Age Friendships

Project J.O.Y. (Joining Older and Younger) is a hands-on intergenerational program involving public and private elementary

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schools, nursing homes, senior centers, and a rehabilitation hospital. Now five years old, J.O.Y.'s special projects include a Teenage-Elder Companionship Program, an Alzheimer's Intergenerational Connection, and a Pets and Pals Furry Friends Program. Their unique pilot intergenerational summer camp, co-sponsored with a local YMCA, attracts a hundred 4th, 5th and 6th graders and older adults in a five-day camping experience. Camp J.O.Y. offers sports, arts and crafts, day trips, nature study, music and theater, special events, campfires, etc.

The organization's services include: intergenerational workshops for teachers, activity directors, and parents; tutoring programs in local schools; aging awareness curriculum for grades K-12; management of the Northern California Intergenerational Network Resource Center; publications; and technical assistance.

Contact: Hilari Hauptman, Director, Project J.O.Y., 6421 Telegraph Avenue, Oakland, CA 94609, 415/655-8945.

Training Practitioners

Professor Helene Block, Director of Family Education at Oakton Community College in Skokie, Illinois, builds intergenerational emphasis into every facet of her academic life. She believes children need consistent relationships with dependable, trustworthy older adults or they develop negative, stereotypic views of aging.

To counteract the development of such attitudes, she brings intergenerational connections to her work with preschool teachers, activity directors, and community leaders. Her programs in **Intergenerational Preschool Techniques** and **Play and Creative Expression** teach older persons how to be better grandparents, and teachers how to teach children about older people. "They're two helpless generations," Block says, "not so much in terms of not being able to do for themselves, but often being at the mercy of other people's whims."

With this in mind, she urges the necessity for meaningful, well-planned programs, and for trained practitioners who can maintain them in the long term. "Children bond quickly," she says, "and elders don't need disappointments."

Witnessing changing families and the effect on children of mobility, separation from grandparents, mothers who need to work, and single parent households, Prof. Block worries about the youngsters who she thinks will be the victims. It's her feeling that people yearn for a reconnection of the family, and intergenerational programs that link young and old are a critically important part in that process. "The bonding that takes place," she says, "is as profound and deep as any relationship human beings can share."

Contact: Prof. Helene Block, Oakton Community College, 7701 Lincoln Avenue, #214, Skokie, IL 60077, 312/635-1600.

Intergenerational Child Care

Maintaining contact between young and old, and keeping older persons involved in the community were basic ideas in the creation of the Elverita Lewis Foundation's **Intergenerational Child Care Centers.** By staffing its preschools with part-time, paid older paraprofessionals who assist credentialed teachers, elder aides participate in in-service training, educational workshops, and can work up to twenty hours a week.

Children from 2½ to 6 years attend the Centers. Priority is given to abused or neglected children, then to youngsters of single parents who work, are in job training, or looking for work, and who could not otherwise afford child care. The Centers offer a variety of parent education opportunities, and are a placement resource for community agencies.

Children benefit from the unhurried, experienced ambience the older people provide, and the elders find a work commitment teaching youngsters helps them develop new friendships and interests, keeping them vital.

Contact: Elverita Lewis Foundation, Airport Park Plaza, Suite 144, 255 N. El Cielo Road, Palm Springs, CA 92262, 619/397-4552.

Lifelong Learning

The **Teaching-Learning Communities (T-LC)** concept welcomes older adults into schools to serve as instructors and role models, and to share their wisdom, experience, and talents with students. Introduced in the Ann Arbor, Michigan, school system in 1971, adaptations of the program have been used throughout the United States and seven other countries.

Youngsters are apprenticed to "grandpersons" in projects that develop skills including fine arts, creative writing, photography, carpentry, storytelling, sewing, etc. Working in small groups, five to twelve-year old students spend one-two hours a week working on projects that connect school and life experiences to the processes of human development and learning.

Completion of the project under the guidance of the volunteers builds the students' self-esteem and helps them develop sensitivity toward others. Involvement in the community helps the elders shed feelings of uselessness and encourages their valuable participation.

Contact: Carol H. Tice, New Age, Inc. (see Resource File).

Housing Alternative

Homesharing for Seniors in Seattle, Washington, has taken 8,000 inquiries about their service since 1979, and placed more than 1500 people in homesharing arrangements. The project matches shared housing clients and offers them a variety of housing options: one-to-one peer matches between older homeowners and tenants, intergenerational home-sharing involving an elderly householder sharing his/her home with younger persons or vice versa, or home-sharing barter involving an exchange of services (shopping, cleaning, meal preparation, yard work) for room and board.

Serving elderly householders, tenants, and/or handicapped persons who need to cut expenses yet maintain security for independent living, Homesharing for Seniors responds to inquiries, does intake screening and interviews, makes referrals, arranges placement matches, and offers follow-up.

For information on the model and its progress, contact: Elizabeth Treadwell, Homesharing for Seniors, 1601 Second Avenue, Suite 800, Seattle, WA 98101.

Caring and Sharing

For many children who arrive home before their parents return from work, a telephone conversation with someone familiar can be very reassuring. The idea for the **Friendly Listener Intergenerational Program (FLIP)** originated with a school principal in Madison, Wisconsin. Coordinated by RSVP (Retired Senior Volunteer Program) of Dane County, carefully screened older volunteers are paired with third to fifth grade latchkey children from seven elementary schools for a daily telephone safety check-in call. The youngsters know they have a friend to chat with as well as a contact for emergencies. Parents are comforted knowing there is a responsible adult available if problems arise. Four times each year, everyone gets together for a festive potluck supper, and frequently, young students visit with their older friends at home.

Day-long **Folk Fairs** are another RSVP activity in which older people share their cultural heritage and lifetime hobbies with children. These events are organized in schools and community centers where local crafts people set up booths to demonstrate their special talents. Students can see and learn to tie fishing flies, tat and quilt, churn butter, print on a press, carve wood, spin wool, and make corn husk dolls, yodel, or practice Polish and Chinese papercutting.

Elders often agree to teach 6-week apprenticeship programs, tutor students, work on oral histories or teach seminars on aging.

Contact: Mary Stamstad, Director, RSVP, 540 W. Olin Avenue, Room #137, Madison, WI 53715, 608/256-5596.

Why Training for Intergenerational Programs

by Sally Newman

I have done many worthy things in my life, but working with these children is the most wonderful thing I have ever done. I would not be here if I didn't have the sensitive training that helped me to understand how important I could be to these youngsters who have so little and need so much.

> A 70 year-old retired engineer who works with profoundly handicapped children in a school volunteer model.

There are lessons to be learned, problems to be solved. There are empty laps and empty moments to fill. There are understandings and friendships to be developed. There are connections to be made.

These are some of the needs of children, youth, and the elderly being addressed by a variety of intergenerational programs emerging in the United States.

In some model programs, we see older people comforting young children in child care settings, helping 4th graders to read, assisting high school students in a physics lab, demonstrating weaving in a school assembly, problem solving with at-risk youth in a temporary shelter, or conducting parenting sessions with teenage parents.

In other models we see teenagers visiting homebound frail elderly, conducting crafts activities in nursing homes, collaborating with older people in the refurbishing of senior citizen centers or community gardens, or participating in intergenerational drama or music presentations.

Intergenerational programs are appearing and disappearing in small towns, rural areas, and urban settings. Those that remain and flourish share a variety of characteristics that contribute to their maintenance. One fundamental component affecting endurance is the training provided as part of the program design.

Object of Training

Intergenerational programs are unique in that they connect diverse groups of people who have probably not worked together previously, who know little about each other or about the persons they will serve.

These programs involve older and younger persons as both providers and recipients of service. They involve volunteers and professionals working together to create an environment that can enrich the lives of all who participate. They involve different systems collaborating in an effort to bring quality and cost effective service to their constituencies.

The training element, therefore, needs to recognize and respond to the diversity of the program's participants and to be sensitive to their changing needs as the program develops. We hope the following brief guidelines will help support efforts to create effective training components that can result in positive intergenerational connections.

The What, Who, and When

Training is a process of providing participants with the knowledge and skills that enable them to maintain involvement in, and benefit from, their program experiences.

Intergenerational programs bring together a diverse population who will become the "worker/participants" providing service to the "recipient/participants." The worker/participants represent the professional and volunteer staff (e.g., teachers and older volunteers in schools, or activity directors and young volunteers in nursing homes). They form resource teams to create an environment in which the younger and older "recipient/participants" can benefit from intergenerational connections. To this end, all "worker/participants" need to be involved in the training.

Training should occur as pre-service orientation before persons become involved in the program, and as in-service as an ongoing experience during the period of time that participants are actively involved in the program. Optimally, in-service activities should occur during hours of the day when the program is not in session, and as frequently as is necessary to promote effective teams of "worker/participants."

Procedures

Training should contain a variety of experiences, both formal and informal. Formal experiences involve scheduled workshops that include large and small group discussions, media presentations, role play, and simulation activities and lectures. The informal kind include spontaneous one-on-one small group meetings to plan, discuss, and evaluate some aspect of the program's development or implementation. The procedure for each training experience should be determined by the content to be covered.

Content

The selection of specific content for each training experience is governed by the needs of the "worker/participants" in relationship to each stage of the program's implementation. The overall training content, however, should include instructional materials and experiences that enable the participants to:

- understand the program goals and objectives, and their own roles and responsibilities in realizing them
- learn about the children, youth, or older persons to whom they are resources
- integrate their own skills into the program
- develop new skills that will enhance their ability to work effectively as a team
- discuss and solve problems together
- develop colleagual relationships
- create a cohesive environment

Some Anticipated Outcomes

We have addressed some of the elements that should be considered in preparing an effective training component for intergenerational programs. Upon completion of the training, we can realistically anticipate the following outcomes:

- better communication and effective collaboration among the "worker/participants" (professionals and volunteers)
- sustained commitment from the professionals and the volunteers
- enhanced skills for the volunteers and the professional staff
- more creative programming
- improved service to the "recipient/participants" (those persons who are served by the worker/participant team)
- a more smoothly run program
- more community support

In summary, effective training components can result in successful programs in which meaningful, multigenerational connections are made that contribute to the quality of life for all the participants.

Sally Newman, Ph.D., is a senior researcher at the University of Pittsburgh Center for Social and Urban Research. She is Executive Director of Generations Together, a center program whose purpose is to develop intergenerational program models, to provide technical assistance to groups and agencies interested in creating intergenerational programs, to research the impact of these programs, and to disseminate information on their development and outcomes locally and internationally. Dr. Newman is the founder of Generations Together and has co-authored papers and articles that report on various aspects of intergenerational programs.

Photo: Joseph Rodriguez

A "family" of grandmothers

From Generation to Generation

by Peter Silvern

Among gutted buildings and empty lots strewn with bricks and lost possessions, the Little Sisters of the Assumption nurture the will to survive.

This Catholic order, established in Paris in 1865, began its work among the poor and changing ethnic neighborhoods of New York's East Harlem in 1958.

Problems of poverty, urban decay, and a sense of impotence face the residents of East Harlem, a situation shared by tens of thousands across the country, kept at arm's length from sharing in the American dream. Self-esteem is hard to gain, healthy environments for raising children are rare, families are headed by single mothers on shoestring budgets, language is a major barrier to assimilation, and Welfare provides basics but not the substantive necessities of a decent life. These families are often paralyzed by a lack of control over their own lives.

The Little Sisters' mission is based on the belief that "good health is measured not only in physical terms, but also emotional, social, and spiritual well-being." Their goal is to integrate the individual and family into a community network of supportive peers, and to help each person gain a sense of independence and self-worth.

Working to achieve this enormous task, the Little Sisters maintain several programs like the Home Health Agency, in which nurses, aides, physical therapists, and other health care professionals are available for in-home care and consultation.

The Family Life Program offers the same level of professional care, but is geared to the emotional and psychological well-being of the community.

The third of these social services is the Grandmother Program, which matches older women from the community with young families in need of various kinds of assistance.

Whereas many intergenerational programs focus on bringing together the elderly and the very young, the Little Sisters have made a special tri-generational effort to include the parents of young children, who are themselves in need of help, understanding, and a guiding influence.

Women between the ages of 45 and 65 are recruited from the primarily Hispanic and black community to participate in a three-month training program. They are usually 30-year veterans of the community, mothers themselves, and culturally similar to their neighbors in need. The program itself plays heavily on the traditionally esteemed role of the grandmother in black and Hispanic families. Their studies include child development, first aid, basic behavioral diagnostic skills, and the necessary consciousness raising that will allow the older women to offer their assistance to burdened families without dominating them.

The grandmothers have also managed to establish a support group for themselves. Often, they are unable to separate themselves from the hardships experienced by their young families, and some kind of support system is essential. The training process, therefore, not only teaches the grandmothers how to help families most effectively, but emphasizes personal coping skills as well.

After training, the grandmothers are introduced to a family in need. Play sessions between the grandmother and the children of the family take place first within the center. This not only provides an opportunity for the grandmother and children to become acquainted, but it offers the parents, sometimes for the first time, a chance to see their children responding to others. Play opportunities also give the grandmothers a chance to further refine their own behavioral diagnostic skills under the watchful eye of a child development specialist.

If all goes well, the grandmother and family take the giant step of meeting in the family's home, and this is where most of the learning and sharing takes place.

As a trusting, caring relationship grows (and it almost always does), the grandmothers are able to pass along an array of life skills to the younger women that they work on together. Unlike other state or federal relief programs, those who are the recipients of assistance from the Grandmother Program are required to be active participants in their own development.

The older women are then able to encourage the young mothers to seek out additional programs run by the Little Sisters that offer recreational activities, sewing and language classes, health education, and help in obtaining a GED. Over time, the relationship between the grandmother and young mother becomes less of a parental one and more of one human being caring for another.

Currently, half a dozen grandmothers work in the program with 12-14 families at any one time, which means extensive outreach and home visiting. The grandmothers also have contact with other families via the playroom while mothers attend groups of their own.

Gail Gordon, who is a child development specialist and Coordinator of the Grandmother's Program, says that while the number of families may seem small, it allows for work on a very intimate and intense level.

At the beginning, the Sisters received a four-year start-up grant from the Ford Foundation. By the time they needed new funding, the program had shifted from one of aid after-the-fact to one of prevention. Recognizing this effort and its positive results, the city of New York has taken over as primary funder, contributing $100,000 a year toward the Grandmother Program's budget of $150,000. The remainder is made up of monies from private foundations, banking establishments, and anonymous gifts. The Little Sisters' total budget in 1986 for all services, programs, outreach activities, classes, and training programs was $500,000; ninety-two percent of this went into direct service.

"This (Grandmother) program is a way for young mothers — some of whom had bad experiences as children, others who don't remember what it was like to be children — to have a friend," explains Sister Maureen O'Keefe, LSA, a social worker with Little Sisters. "The surrogate grandmother is someone who has already raised a family and knows what it's like. Most importantly, the program keeps families and mothers from being isolated."

Contact: Gail Gordon, Coordinator, Grandmother Program, Litle Sisters of the Assumption, 426 E. 119th Street, New York, New York 10035. Gail is a member of the Family Resource Coalition.

Peter Silvern is a freelance journalist.

Beyond the Model Project: A Systems Approach to Intergenerational Programming

by Nancy Z. Henkin

Youth visiting homebound elders... Elders providing support to vulnerable teens... Young and old engaging in innovative arts activities... These are just a few of the many intergenerational programs that have been emerging throughout the country.

The benefits of intergenerational programs have been well documented. For the individual, they provide exposure and contact across ages, a more holistic view of life, and access to the resources and skills of people of all ages. For families and communities, intergenerational programs strengthen informal support systems, provide for the transmission of skills and experiences from one generation to another, and foster feelings of interdependence and reciprocity. For the human services system, cooperative efforts between organizations serving youth and the elderly can result in a larger pool of human and financial resources to meet the needs of both groups.

Most of the intergenerational programs currently in existence are model projects created by individuals who believe strongly in the value of linking generations. However, these projects are often limited in the number of people they reach, and are viable only as long as the program developers continue to accept personal responsibility for them.

Program developers are usually teachers, activities directors, or other direct service personnel who work in relative isolation from the larger system of which they are a part. Thus, access to significant funding sources and power to influence ongoing program priorities are limited.

Increasing the Capacity of Systems

The time has come to move beyond the model project to meet the needs of different age groups through collaborative problem solving and program development. Efforts to bring together systems that represent different populations have been successfully initiated in various parts of the country. Both the Northern California Intergenerational Program Network and the Delaware Valley Intergenerational Network are examples of this approach.

The Northern California Intergenerational Program Network (NCPIN), created in 1983 and funded by the Luke B. Hancock Foundation, connects existing programs and provides technical assistance to organizations interested in developing programs. Five smaller regional networks have resulted, each one initiated by a different agency with a specific program focus (e.g., community education about intergenerational child care, the development of a manual on intergenerational activities in nursing homes). NCIPN staff provide resources to the regional groups to further stimulate the creation of new cross-age programs.

The Delaware Valley Intergenerational Network (DELVIN), established in 1985, was designed to bring together representatives from a wide variety of systems, including youth and aging services, community/voluntary organizations, religious institutions, child care, and education. Five county task forces and subcommittees are working on projects of service, child care, education, and culture/arts. Staff members from the Center for Intergenerational Learning at Temple University in Philadelphia facilitate networking, publish a quarterly newsletter, and provide technical assistance and training to organizations interested in developing programs. DELVIN is funded by the Philadelphia Foundation and ARCO Chemical Company.

Other examples of the systems approach include efforts to link the aging network with child care systems, school systems, or child welfare organizations in specific geographic areas.

Achieving the Goal

In order to implement a systems approach, a number of steps must be undertaken.

- Public awareness must be raised about the benefits of intergenerational programming. Use of local media and presentations at meetings of umbrella organizations or interagency groups are effective strategies.
- A needs assessment should be conducted to ensure that the programs to be developed are needs-based. Projects are more likely to become integrated into a functioning system if they respond directly to identified gaps in service.
- When attempting collaborative program development efforts, it is essential that the benefits to each system are clearly understood. It is also important that individuals from different systems talk a common language, share common goals, and understand how each other's systems operate.
- An emphasis must be placed on long-term versus short-term program development issues. Multi-year planning is required rather than viewing projects as one-year demonstrations.

Although the systems intervention approach has proven very successful, there are problems inherent in the process itself: turf issues and the role of an external catalyst are two of the most difficult challenges. Turf issues are often not confronted early in the program development process. They remain unresolved due to a lack of understanding of how different systems function, and because of the competitive climate that exists between organizations serving different populations.

RSVP of Dane County

A second problem concerns the role of the outside catalyst. Often an external organization (e.g., Area Agency on Aging, Congressional offices, universities) spearheads the effort to bring systems together. The degree to which this outside catalyst is involved varies depending on the scope of the program planned and the skill level of the program developers. Since "ownership" must be felt by key leaders, finding a balance between direct intervention and indirect facilitation is often quite difficult.

Despite the barriers, the benefits of the systems approach are far more significant than the possible problems. Community entities can learn to function collaboratively and work effectively toward meeting people's needs. Emphasis on long-range planning, leadership development and raising community awareness can result in efforts that enhance the quality of life for both youth and elders.

Nancy Z. Henkin, Ph.D., is the Director of the Center for Intergenerational Learning at Temple University's Institute on Aging. She also serves on the Mayor's Commission on Aging in Philadelphia and is an adjunct faculty member in the College of Education at Temple. Dr. Henkin consults with organizations throughout the country on issues related to intergenerational program development.

Resource Organizations

New Age, Inc.

1212 Roosevelt, Ann Arbor, MI 48104, 313/663-9891
Carol H. Tice, President

NA promotes the Teaching-Learning Communities model, and offers consultation and technical assistance on implementing intergenerational programs. NA does consulting work, provides curriculum development, program evaluation, and research services.

Developing A Curriculum of Caring, a guidebook for establishing teaching/learning programs in schools.

What We Have, a docudrama on the Teaching-Learning Communities school programs.

Clearinghouse on Intergenerational Programs and Issues

RSVP of Dane County, Inc., 540 W. Olin Ave., Madison, WI 53715, 608/256-5596
Mary Stamstad, Director

CIPI publishes an informative newsletter twice a year, incorporating write-ups on established and new program approaches, plus discussions of issues relating to intergenerating and aging. Clearinghouse information service is available on request.

Intergenerational Clearinghouse News on Programs and Issues (newsletter)

National Council on the Aging, Inc.

600 Maryland Ave., S.W. - West Wing, #100, Washington, DC 20024, 202/479-1200
Catherine Ventura-Merkel, Program Associate

NCOA is a national membership organization for professionals who are involved in all issues affecting the quality of life for older Americans. Resource for information, training, technical assistance, advocacy, publications, and research.

Intergenerational Programs: A Catalog of Profiles (1984, 136 pp.)

Community Planning for Intergenerational Programming (1983, 47 pp.)

Perspective on Aging Special Issue: Creating Intergenerational Opportunities (Nov./Dec., 1986)

Generations Together

University of Pittsburgh, 811 William Pitt Union, Pittsburgh, PA 15260, 412/648-7150
Sally Newman, Ph.D., Director

Part of the University's Center for Social and Urban Research, GT creates, promotes, and oversees a variety of intergenerational programs, and researches their impact on participants. They provide technical assistance through workshops, publications, teaching, consultation, and presentations.

Publications Catalog

The Best of You... The Best of Me, a 28-minute videotape demonstrates the importance of bringing young and old together for their mutual benefit by highlighting six different intergenerational programs in Pennsylvania. Produced jointly by GT and the Center for Intergenerational Learning at Temple University as a training and technical assistance tool.

GT Exchange, a newsletter of information on intergenerational programs.

Center for Understanding Aging

Framingham State College, Framingham, MA 01701, 617/626-4979, Fran Pratt, Director

CUA promotes greater understanding of aging through education and the media. Services include publications, a resource center, conference presentations, and consulting for intergenerational programs nationwide.

ACTION

806 Connecticut Ave., N.W., Washington, DC 20525, 800/424-8867, Ray Tohada, Program Specialist

ACTION is a federal agency overseeing two programs that engage in intergenerational activities in hundreds of projects throughout the country.

Foster Grandparent Program FGP involves more than 19,000 low-income seniors who provide companionship and guidance to mentally, physically, and emotionally handicapped children and children who are abused and neglected, or in the juvenile justice system.

Retired Senior Volunteer Program RSVP's 300,000 volunteers serve in schools, day care centers, community and senior centers, citizen advocacy organizations, etc., many involving work with children.

Center for Intergenerational Learning

Temple University Institute on Aging, 1601 N. Broad St., Philadelphia, PA 19122, 215/787-6970
Nancy Z. Henkin, Ph.D., Director

CIL develops educational, service, and arts programs as demonstration projects for elders and children. They provide training and consultation in program development, design written and audiovisual material, and act as a resource on intergenerational programs. The Center's projects include an intergenerational theater group, and an intergenerational tutoring program for those with limited English skills.

Elverita Lewis Foundation

Airport Park Plaza, Suite 144, 255 El Cielo Road, Palm Springs, CA 92262, 619/397-4552, Shari Reville

ELF operates projects involving older employees and volunteers, promoting the independence of older persons and their active involvement in the community. Under a Small Grants Assistance Program, they fund national and international projects that emphasize self-help, mutual help, hiring older persons, and peer networking.

Bridging Generations: A Handbook for Intergenerational Child Care

Sourcebook see Resource Guides.

The Johnson Foundation

P.O. Box 547, Racine, WI 53401, 414/639-3211
Susan Poulsen Krogh, Public Information

Limited copies of a Wingspread Report titled, ***Linking the Generations: Intergenerational Programs,*** written by Carol H. Tice, are still available on request. Based on a 1982 conference, the report is a rationale for encouraging interaction between children and older adults, and gives resources and recommendations by conferees to support the development of intergenerational programs.

Generations United

c/o Child Welfare League of America, Inc., 440 First Street, N.W., Suite 310, Washington, DC 20001, 202/638-2952

GU is a national coalition of non-profit organizations stressing the interdependence of children, youth, families, and the elderly. The coalition will define and support key public policy issues that impact on the well-being of people of all ages; raise public awareness of the common issues faced by members of all generations; combat negative and erroneous information that promotes intergenerational competition and conflict, and develop and disseminate information on programs which effectively increase cooperation and understanding between the generations. The National Council on the Aging and the Child Welfare League of America are co-chairs.

The American Association of Retired Persons (AARP)

1909 K Street, N.W., Washington, DC 20049, 202/728-4818

AARP is the nation's largest organization of over-50 Americans, retired or not, numbering more than 20 million members. Publications are available on subjects of volunteerism and their intergenerational Parent Aide Project. See program description on p. 12 and Resource Guides below.

Resource Guides

Intergenerational Programs; A Resource for Community Renewal
Kathlyn Thorp, Editor (1985, 59 pp.)

Issue papers exploring model intergenerational programs, strategies for program development, and forging links with existing systems in the larger context of community renewal and well-being. Order from: Wisconsin Positive Youth Development Initiative, Inc., 30 W. Mifflin Street, Suite 1010, Madison, WI 53702, 608/255-6351.

A Guide to Intergenerational Programs
by Mary Brugger Murphy (1984, 77 pp.)

Descriptions of the content, impact, and characteristics of intergenerational programs in place throughout the country. Order from: National Association of State Units on Aging, 600 Maryland Avenue, S.W. West Wing - #208, Washington, DC 20024, 202/484-7182.

Growing Together: An Intergenerational Sourcebook
Written, edited, and compiled by Karen A. Struntz, American Association of Retired Persons, and Shari Reville, the Elverita Lewis Foundation (1985, 96 pp.)

Articles on research and program development plus descriptions of a wide variety of intergenerational projects reflecting the three major areas of involvement: service with elders, by elders, and to elders.

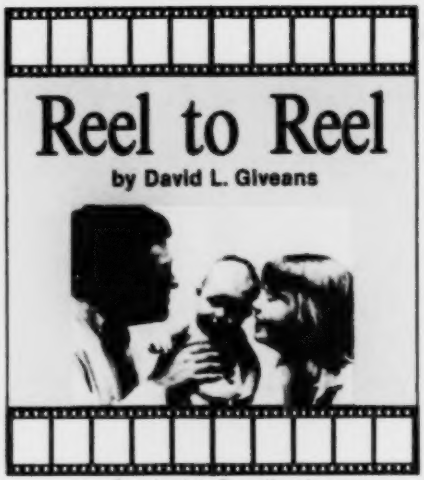
United States Intergenerational Activities Directory (1985, 71 pp.) An addendum to ***Growing Together.***

Contact information on resource agencies in each state. Order from the Elverita Lewis Foundation.

Starting a Film Library

Reel to Reel

by David L. Giveans



Growing into Parenthood

The following suggestions are offered as guidelines in setting up a film library. Careful purchasing, previewing, and use of film and equipment can provide a meaningful and valuable addition to a parent resource center's program.

Realistically, the first consideration is the center's budget. If needed, there are any number of ways funds can be obtained for purchasing video equipment and good basic films. A small grant of $2-3,000 can be applied for, a video appliance store might be approached for a donation of equipment, or creative fundraising activities could accomplish the goal.

It is very important to purchase fine equipment and I recommend consulting with a reliable, local video equipment store. Plan to spend approximately $1000 for the video recorder and monitor (TV screen). The recorder should have at least four heads, a pause function, etc. The monitor needs to have at least a 19" screen, but a 26" screen is even better for optimum viewing. I also recommend one-half inch VHS video format for film which is far less expensive than 16mm and virtually maintenance free (with proper care). Also, many new documentaries are now available only in video.

I cannot emphasize strongly enough the need for developing a careful screening process for each film considered for purchase. Never buy a film without previewing it in advance! Most film distributors will send out preview prints at no cost if your request is on letterhead (make sure to specify one-half inch VHS).

The cost of a 30-minute video cassette can vary from $150 to $275. Distributors do not usually rent video cassettes, but some distributors offer a small discount if the preview print is purchased.

A film library's collection should include a broad array of topics focused on parenting and other related issues, such as a new family, child development, interpersonal relationships, sex, drugs and AIDS, molestation, stepfamilies, custodial issues at divorce, aging parents, and death.

Perhaps the most important consideration in selecting a film is its relevance. Because we live in such a rapidly changing society, I feel any film produced much before 1980 (with notable exceptions) will not effectively address the needs of today's families; i.e., role and job sharing families, househusbands, single parents, gay and lesbian parents, step-parents and joint custodial parents—to mention but a few.

Also, is the film cross-cultural? Are the adults and children depicted in realistic situations using realistic language? Are their roles egalitarian and non-sexist? Does the film present an intergenerational approach to family life? Are fathers an equal part of the parenting team?

The length of a film is another important consideration. It has been my experience that documentaries averaging approximately 30 minutes in length are the most effective—especially when they are shown at hour-long meetings and classes.

Many films are accompanied by some form of study guide which enhances their use by providing background information, trigger questions for pre- and post-viewing, and in many cases a bibliography for follow-up activities and reading.

I would also like to suggest that a center establish a careful cataloging system for the film library. In addition, all persons using the films ought to be carefully instructed on general care and maintenance. It should be pointed out that duplication of videos is a federal offense.

It is my pleasure to offer five current parenting films for consideration which incorporate most of the points presented in this article.

A Family to Me *(1986, 28 min., Producer and distributor: Linda Harness).* This film moves viewers beyond the traditional nuclear family and unveils portraits of four family structures: househusbands, a single mother, a lesbian couple, and a joint custodial couple.

Changing Families *(1986, 33 min., Producers: Dr. Gayle Kimball and Dr. Brad Glanville).* This video uses family experts and representatives to illustrate changing family forms, gender roles, and more egalitarian attitudes. Increasing numbers of ethnic, single parent, stepfamily, and dual-career couples are described, along with role-sharing father involvement.

Day One *(1985, 31 min., Producers: Betty Bender and Tom Coggins, New Horizons; 38-page manual included in price).* This is a comprehensive video presented in two parts exploring and explaining the techniques of successful parenting. Parents are introduced to what babies can and will do in the first days and weeks of their lives and are assured that whatever they do, it is important for their baby's development.

Growing into Parenthood *(1986, 29 min., Producer and distributor: VIDA Health Communications: 10-page study guide).* This is more than a "birth film" as it addresses the unspoken fears and trepidations of couples nearing labor and delivery and describes the capabilities of the developing fetus. Film deals honestly and humorously with the tremendous changes that are part of adapting to life with a new baby.

Seasons of Caring *(1986, 40 min., Producer: Pierce Atkins, ACCH; 225-page study guide available for purchase).* Documentary delves into the stresses and challenges of raising a child with a chronic illness or disabling condition. Types of family support are discussed as three families learn to adjust and eventually triumph. Film examines why mutual respect between families and professionals is crucial to the family's well being. Father's role emphasized in this film.

When ordering these films for preview, please indicate I recommended them. I am constantly looking for new films and would greatly appreciate hearing from readers with their recommendations.

Film Distributors

Linda Harness
808 S. 10th Street, Minneapolis, MN 55404
612/341-9875

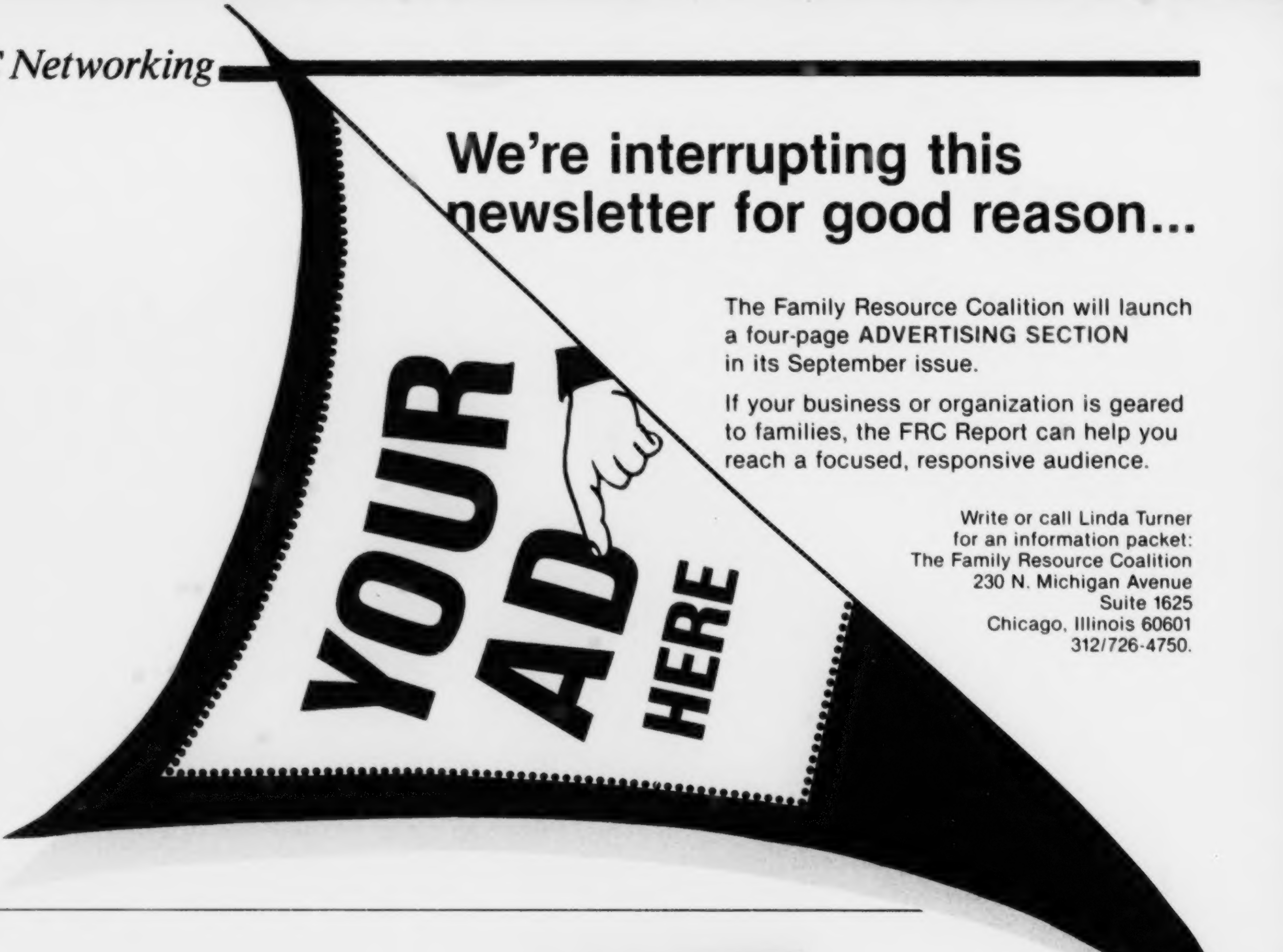
Dr. Gayle Kimball
Department of Ethnic/Women's Studies
California State University, Chico, CA 95929
916/895-5249

New Horizons for Learning
P.O. Box 51150, Seattle, WA 98115
206/524-1710

VIDA Health Communications
335 Huron Avenue, Cambridge, MA 02138
617/868-4311

ACCH
3615 Wisconsin Avenue, NW,
Washington, DC 20016
202/244-1801

David L. Giveans, noted authority on fathering issues, has himself produced a documentary film, "Men in Early Childhood Education" (1982). He is the publisher of Nurturing News: The Quarterly for Nurturing Men, and in addition to his lectures and media appearances, he has published extensively. His exhibit booth, "The Fathers' Exchange," is increasingly present at parenting and educational conferences. David coordinates film theaters as well. Contact: 187 Caselli Avenue, San Francisco, CA 94114, 415/861-0847.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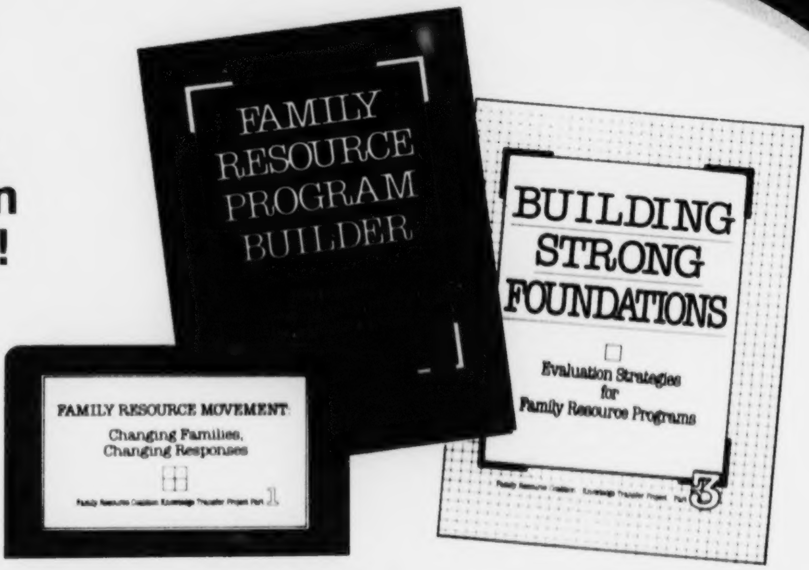
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Design, DIANNE HANAU-STRAIN
Typography, KARR CREATIVE SERVICES
Printing, BOOKLET PUBLISHING CO., INC.

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Founded by Family Focus

Family Resource Coalition
Report

A North American Network of Family Resource Programs
Volume 6, Number 2 — 1987

In this issue

LA FAMILIA HISPANA

Papi
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Tatiana Vega, age 10

FOCUS: HISPANIC FAMILIES

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Voices and Issues: A Celebration of Hispanic Diversity

As my own children begin to unfold, to spin off and away from the warm huddle of our family to find their own center and frontiers, they will no doubt redefine what it means to be Latino, an Hispanic in the United States, in their time and place. They become the repository, as I have been, of an ancient history which will profoundly affect, propel, and energize them.

Who are we? Someone recently said Latinos is what we call ourselves *en familia;* Hispanics is what others call us. Our roots are singular, and finding a name for ourselves is an old process. Take Romans, Visigoths, Moors, Sephardic Jews, and scores of Western European tribes and let them percolate, intermarry, loving, hating, fighting, building for a few centuries on the Iberic Peninsula. Then in the fifteenth century, when that amalgamated civilization begins to coalesce around a common language, culture, and religion, send them to colonize the Americas. Through the rip and tear of colonization, they intermarry with even more ancient civilizations—the Incas, Tainos, Aztecs, Pueblos, Mayas, and all the other native American tribes mistakenly called Indians.

Take this incredible amalgamation of culture, language, religion, and race, and add to it the race, cultures, languages, and religions of the African tribes brought to the Americas and the Caribbean, and you begin to understand what it means to be a Latino. We are the inheritors of ancient and proud roots, now learning to live under one banner, bound by profound and visceral commonalities, yet fragmented by our various recent histories.

What does it mean to be a Latino in the United States? For one thing, we are not immigrants in the strict sense; that is, the bulk of us did not come to the United States; the United States came to us. Our roots in this country are as old as those of the Native Americans who were here to greet the rest. When the Mayflower landed at Plymouth Rock, Santa Fe, New Mexico was already a thriving capital with a well established economy and educational system. The majority of Hispanics in this country are native born, but we are often strangers in our own lands.

Are we a protected minority? Certainly a numerical minority and assuredly protected by federal statute. But most importantly, we are a minority because of the conditions created by the melting pot view of the world. This view does not value diversity but rather seeks to melt our variety into a uniform people. Hispanics for the most part repudiate this optic, recognizing there are certain core elements vital to our sense of self and of community which will ultimately be indigestible to the melting pot—our racial variety, our language, our culture.

As someone has said, we are bilingual, bicultural, and by ourselves. And hence the dilemma of Hispanics in the United States. How do we and our children control this ancient process in a way that does not cripple, does not impair, and does not make us less than we are? How do we retain our assets, how do we contribute to society at large in a synergy that makes us all more?

In an important way, this issue of the ***FRC Report*** is reason for hope. I am thrilled that we have brought together some of the best and the brightest of our thinkers, practitioners, and advocates who, despite our differences, are a new breed of Hispanics laboring to create our own history. They present a remarkable mix of ethnicity, gender, geography, and experience.

These are our voices, a small celebration of Hispanic diversity and the anthem of "unity without uniformity" that we wish to contribute to society. Some of these revelations may dishearten the reader, others may startle. Our hope is that they will also move and provoke change. We invite members of the Family Resource Coalition to join us in this dream to make the world safe for our own diversity, and to celebrate with us what it means to be Hispanic here and now.

— Mario J. Aranda, Guest Editor

For more on this special issue, see back page.

DEMOGRAFIA *Demographics*

Some Facts in Understanding Latino Families

by José Hernández

Papi
Mami
UNA FAmiLiA FELiZ!
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hermano
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Tania Morales, age 9

Complex and enduring values are seldom researched, especially if they differ from conventional behavior. This partly explains the literature void on Latino families in American demography. In addition, study methods remain rudimentary, including the identification of Latinos in public data. A factual summary can thus provide only a primitive guide to more sufficient answers.

In 1985, some 4 million Latino families had an average of 3.9 members, totalling more than 15 million persons, according to official sources.[1] Sixty percent were of Mexican or Chicano origin, 15 percent were Puerto Rican, and a quarter included mainly Cubans, Colombians, Dominicans, and Ecuadorians, among the Central and South American nationalities.[2]

An enormous variety of family experience has emerged from these origins and from the diversity of times and ways in which Latinos have entered the United States. Sixty percent of Latino families live in California, Texas, and other southwestern states acquired in the U.S. war with Mexico, some 140 years ago. Subsequent migration brought over a million Latinos to the greater Chicago area and the midwest.

Another million Latinos now live in Florida. One Latino family in five lives in the Boston-Washington, DC metropolitan corridor.[3] In 1985, Latino families were said to number 630,000 in the New York City area alone.[4] Nevertheless, about 15 percent of the nation's Latino families still live in small cities and towns, close to the agricultural and mining areas in which Latino labor has been traditional.[3]

Today, however, nearly half of Latino householders have an urban manual job in factories, transportation, and personal services.[1] Often insecure, monotonous, low-paid, and dead-end, the jobs allotted to Latinos in the urban labor market make providing for families a strenuous obligation.

Moving into a clerical job through post-secondary training offers the most promising alternative for the 45 percent of Latinos who graduate from high school. Limited educational and employment opportunities beyond that level explain why only 11 percent of Latino families are supported by a professional, managerial, or technical worker.[1]

During the past twenty years, American industry has either found cheaper labor in foreign nations or replaced many workers with machines, creating an enormous factory job decline. As a result, persons responsible for nearly one million Latino families were *not* working in 1985. The job demise means poverty for one in four Latino families and severe deprivation for some two million Latino children.[2]

In addition, the earnings of Latino workers lag behind advances by other groups. In 1981, for example, Latino families averaged 28 percent less income than other families; by 1984, the gap had widened to 31 percent.[2, 5]

For Latinos, age is added to race and ethnicity in discrimination. Younger by six years on average, Latinos earn less than other workers in comparable situations.[2, 7]

More than half of Latino householders have not graduated from high school. Along with the bleak employment situation, this means continued high fertility, as currently evident in the teenage parenting trend.

Latinos native to the United States far outnumber Latino immigrants. But the ongoing entry of teenagers and young adults strongly contributes to Latino population growth. And, it further strengthens the youthening trend, so different from the general aging of American society.

For such reasons, the U.S. Census Bureau projections show that at least 20 percent of American children in the next century will be of Latino origin.[6] This prediction is already visible in neighborhoods shared with older groups. The school enrollment is much more Latino than the adult population residents, a situation that complicates educational policy formation.

Latinos come from different nationalities and varied physical appearances which show the blending of American Indian, European, and African origins, over generations. In a society that so sharply divides its families between white and black, little acceptance remains for people perceived as neither, both, or other. Being identified in a residual way produces much confusion in growing up and stress in finding one's place in the American world.

Faced with this and many other problems, most Latinos turn to their families as a source of identity and strength. For example, Puerto Ricans just above the "poverty line" typically belong to households in which two or more earners join modest incomes to make a family solvent. When families must rely on a single worker, women succeed as well as men, often performing a second and unpaid job as householder and parent.

Networks of support explain why more families are eligible for than actually receive public assistance—and how so many manage to survive without a money income.[7]

Such facts serve to illustrate the complex and enduring values initially mentioned as seldom researched. Hopefully, an understanding of Latino families will stimulate greater knowledge of this unstudied reality.

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Invisibility in the Data, Invisibility in the Policy: The Latino Family and Public Policy

by Harry Pachón and Louis DeSipio

Statistical visibility has long been recognized as the key to policy visibility. Yet, too often, federal and state social welfare data are not collected or published in a manner that allows for analysis of the salient characteristics of the Latino family or the distinctive character of Latino subgroups, e.g., Mexican-American, Cuban-American, and Puerto Rican (Moore and Pachon, 1985).

Thus, policy makers attempting to craft public programs to reach and serve the Latino family are often forced to work in a vacuum. The result can be seen in many federal social welfare policies which have the implicit assumption that Latino families in poverty share the characteristics of either the Black family or the White family.

The Bi-racial Approach to the Study of Family Poverty

Three recent examples demonstrate the bi-racial perspective in the collection and dissemination of data on poverty.

The first example is the Congressional Research Service's study *Children in Poverty* (1985a). Of fifty statistical examinations in the CRS study, 41 depicted child poverty as a White versus Black or White versus non-White phenomenon. Only five tables compared Hispanic poverty to poverty among Whites and Blacks. Such factors as education, underemployment, wages of parents, and the extent to which children were aided by non-cash benefits went unexamined for Hispanics while they were examined for White and Black children. Based on the CRS study, a Congressional staff member would not know what causes and perpetuates poverty among Hispanic children.

A bi-racial perspective also clouds the Census Bureau data on Hispanic families. The announcement by the Census Bureau of an overall decline in the poverty rate in 1985, for example, was only part of the story. Subsequent analysis by the Center on Budget and Policy Priorities highlights that in 1985, more than 400,000 additional Hispanics fell below the poverty line. By the end of 1985, the Hispanic poverty rate stood at 29.0 percent, the second highest in history. The overall poverty rate declined because poverty among Blacks and Whites declined at a more rapid rate than the increase among Hispanics (1986).

The public interest sector has been guilty as well. The Children's Defense Fund, for example, prepared a comprehensive examination of the impact of family conditions on children in the United States. The title of the study—*Black and White Children in America: Key Facts* (1985)—suggests its weakness as a resource for policy makers examining the Hispanic family. Interestingly, from a methodological perspective, the inclusion of Hispanics in the White category narrows the gap between Blacks and Whites and minimizes the socio-economic differences between them.

It must be underscored that the Children's Defense Fund is not alone in this dilemma. In fact, CDF and community-based groups across the country have been laboring to increase the statistical and policy visibility of Hispanics.

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Giannir Alemar Rivera, age 7

Salient Characteristics of the Latino Family

These studies were not chosen because they are extreme. Instead, they are representative of mainstream policy analysis on race and family structure. Their omission of analysis of the Hispanic family might be justified if the Hispanic family had no unique characteristics, but the emerging body of academic study and applied research suggests otherwise.

Under political pressure, the Congressional Research Service performed a follow-up study to its *Children in Poverty*, specifically examining available data on the Hispanic community (1985b). *Hispanic Children in Poverty* documented that:

- The Hispanic community has the largest proportion of children relative to its total population (37.3%), compared to that of Whites (25.3%) and Blacks (33.3%).
- Hispanic children have the highest poverty rate among children in the states of New York, New Jersey, Texas, and New Mexico.
- Latino children in families headed by a male are more likely to be poor than Black or White children in male-headed households (27.3%, compared with 23.6% and 11.9%).

A Research Agenda

If future social welfare programs are based in part on existing programs, policy makers must become aware of the essential ways in which Latino families are different from Anglo and Black families, as well as the degree to which existing programs are meeting the needs of the Latino community. While the unique characteristics of the Hispanic family are beginning to enter the popular debate, the issue of how programs meet Latino needs remains largely unstudied.

Although this client-beneficiary analysis is the next step, the available federal and state data may again present problems. In spite of specific federal legislation which mandates the collection of statistical data on the Hispanic community (PL 94-311, the Roybal Act), the client-beneficiary data of federal and state social programs often fail to include a Hispanic indicator.

Moreover, if Hispanic data are present, there is often no means for determining Latino subgroup characteristics. A clear priority is to identify those programs with reliable Hispanic data. Assessments of whether coverage of the Hispanic population is equitable or not will then be possible.

Conclusions and Future Directions

For policymakers, then, the initial challenge is to improve and disseminate both general demographic studies and client-beneficiary data on the Hispanic community. Once the demographics of the Hispanic family are understood and the success of existing social programs in meeting the needs of the Hispanic community are known, Hispanic-specific social welfare policies can be designed that will reach this population in an equitable manner.

CENTER ON BUDGET AND POLICY PRIORITIES *Hispanic Poverty Rises in 1985, Sets Several New Records; Likely to Surpass Black Poverty in 1990, New Study Says.* Washington, DC: 1986.

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Narciso Corral, age 5

Civil Rights and Hispanic Families

by Norma V. Cantú

When I was younger, local politicians always included our house as one of the stops in their campaigns for office. With six brothers and sisters living at home and 48 cousins living nearby, our household represented a sizeable and attractive voting bloc. We were a Hispanic family. We voted. We mattered.

Approximately 75 percent of Hispanics in this country are native-born U.S. citizens. One in fifteen persons in the U.S. is Hispanic, according to the most recent census. By the year 2000, Hispanics are expected to increase to almost 9.9 percent of the total U.S. population, a tremendous gain from the 6.4 percent counted in the 1980 census.

Hispanics are a young and growing people, characterized by large families. According to the 1980 census, the Hispanic birth rate has not declined over the last twenty years, even though the birth rates for Whites and Blacks have dropped. The median age for Hispanics is 23.2 years, compared to the national median age of 30.6 years.

The Hispanic family has special legal needs not encountered by White families, because of its socio-economic status or its language and ethnic background. In this article, I will discuss some of these civil rights issues that arise from the special needs of the Hispanic family.

Language Needs

Most Hispanics speak English. But it is estimated that of more than 1.7 million school-age children in the United States who come from a Spanish-language background, about one-fourth cannot communicate effectively in English and require assistance in Spanish. Projections indicate that by the year 2000 there will be more than 2.6 million school-age children who come from a Spanish-language background.

The greatest educational harm to these Hispanic children is the false assumption that they are fully English proficient, when in fact the children have only developed a superficial command of the English language. In many states, the language needs of Hispanic children are grossly underestimated, resulting in the placement of children in all-English classrooms where they do not fully comprehend the language of instruction.

The role of the Hispanic family in the provision of adequate education to children is simple and clear. Most school districts rely on home language surveys to determine whether school-age children require additional English language support. Parents should answer these home language surveys truthfully and without delay.

Parents have also served as advocates for their children who have suffered discrimination at school because of their language background. Challenging school administrators who punish children for speaking Spanish, parents have objected to placement of their children in slow-learning groups or their retention in grade solely because of language differences.

Several state and federal laws apply to the provision of education to language-minority children. For more information, parents should inquire with the local district; if there are still questions, they should contact a local community organization for support. The U.S. Department of Education maintains several offices across the country; these offices are empowered to receive and investigate complaints regarding inadequate educational programs for language-minority children.

There are also federal laws that protect adults who are Spanish-speaking. According to the guidelines issued by the Equal Employment Opportunity Commission, employers cannot generally impose English-only rules in the workplace unless there is some compelling necessity for the rule. Further, the employer cannot dictate what language the employees should use during the employees' breaks or own time. Complaints concerning discriminatory practices by employers may be brought to the closest EEOC office.

Finally, many cities, counties, and local jurisdictions are required by federal law to offer bilingual ballots or bilingual assistance to qualified voters who are not fluent in the English language. For more information as to whether bilingual assistance is required in your local elections, please check with the Secretary of State's office in your state.

Hispanics have adopted the language issues as symbolic of their growing strength. Twenty years ago, only one state in the U.S. passed laws funding bilingual education; now, the majority of states fund such programs. Twenty years ago, Spanish-speaking adults simply did not vote; now, they receive the assistance they need to vote.

Twenty years ago, children suffered humiliation and physical punishment if they uttered so much as one word in Spanish; now, the districts are penalized with threats of loss of funds if they deny the children of Spanish-language background access to all the programs in the district. Considering the type of treatment they received twenty years ago, it is no wonder the majority of Hispanics feel strongly about language issues.

Immigration

Contrary to public conception, the majority of Hispanics are not immigrants. In fact, as mentioned earlier, three-fourths of Hispanics are born in the United States. However, the extended Hispanic family typically includes some relatives who are new immigrants. For these family members, it makes sense to become acquainted with the new immigration legislation.

The Immigration Reform and Control Act of 1986 (IRCA) makes it illegal for employers to knowingly hire, or employ, individuals who are not authorized to work in the United States. The employers' sanctions apply only to persons hired after November 6, 1986, the date on which the IRCA legislation was signed into law. Persons who were already employed as of that date are "grandfathered" under the bill and need not produce proof of legal immigration status.

Workers can lose their "grandfather" status if they quit or are fired for a non-discriminatory reason. If an employer threatens to fire a worker, the employee should contact the local union, community organization, or a lawyer immediately. The new IRCA legislation includes important civil rights protections that can help workers keep their jobs even if they do not have any immigration documents.

The new immigration bill also provides for amnesty or legalization for a large group of persons. An undocumented individual who has resided in the U.S. since January 5, 1982, may be eligible for the legalization program if he/she can demonstrate, among other things, continuous residence and the ability to support him/herself.

However, it is not recommended that undocumented persons apply directly to the federal Immigration and Naturalization Service. INS has not offered any satisfactory assurances about what it will do if the applicant is found ineligible. It is possible that an applicant, having been found ineligible for amnesty, will then face deportation proceedings.

Therefore, it is more advisable that applicants first consult with a private community agency or with an attorney to determine the chances of qualifying for legalization. A list of "qualified designated entities"—groups with track records for assisting immigrants—is available from most church groups. Further, the local bar associations have lists of attorneys who specialize in immigration law.

In the event that an employer discriminates against a worker because of citizenship or immigration status, a complaint can be filed with the EEOC or the newly established anti-discrimination arm of the U.S. Department of Justice in Washington, DC. Copies of charges of discrimination should be sent to the American Civil Liberties Union or to the Mexican American Legal Defense and Education Fund (MALDEF).

Larry Pérez, age 6

Government Funded Services

The most recent census data show the income of Hispanics was 66 percent of the income of Whites. Hispanic women who were employed full-time had the lowest income of any of the major population groups. Hispanic males and females were less likely than Whites to hold professional or management jobs. In short, Hispanics are almost twice as likely as Whites to be poor. This impoverished condition makes it doubly important that Hispanics have full access to certain government-funded programs to which, as taxpayers, they contribute. Chief among these are public education, health care, and unemployment compensation.

Public education is usually the most expensive of the state-sponsored services. Hispanics are entitled to the same quality of education as any other population group. Under the federal and state civil rights laws, Hispanics cannot be excluded from public education programs nor segregated into isolated programs or facilities. In 1981, the U.S. Supreme Court ruled that undocumented children had the right, under the U.S. Constitution, to attend the public schools. Therefore, the schools may pass no requirement that would exclude the undocumented students.

Access to public-sponsored health care is also crucial to the Hispanic family. Typically, public hospitals have participated in the federal Hill-Burton funding program at some point. Under the terms of the program, the hospital or clinic is obligated to offer indigent health care at free or reduced cost. Notices or signs regarding the Hill-Burton program are usually posted in the waiting rooms where the public can see them. Several undocumented persons have successfully challenged hospital districts that exclude them even though they are residents in the district. For more information regarding indigent health care, one should contact the local legal aid office.

Certain types of non-citizens are entitled to unemployment compensation and workers' compensation. The classifications are too numerous to discuss in this article, but for more information, you should contact your local union or community organization.

Emerging Issues

As greater public attention is brought to issues affecting the Hispanic family, Hispanics and their friends will have more opportunities to advocate for fair and equitable treatment. In particular, the media has focused on the high dropout rate for Hispanic youngsters, as high as 50 percent nationally and over 80 percent in some major cities.

Hispanic advocates have long understood that the dropout rate for Hispanic children is as much a "push out" rate as anything else. They are beginning to focus their energies on effecting systemic changes to make public education a more hospitable environment for the education of Hispanic children. But much remains to be changed in this and other emerging arenas.

With increased voter registration rates, Hispanics will be able to identify the localities where unfair election schemes have prevented Hispanic candidates from winning their elections. In the workplace, Hispanics will continue to pursue greater job opportunities.

In sum, the Hispanic family will continue to contribute greatly to the American society. As the family understands and begins to avail itself of its rights, it will also begin to share more fully in the benefits of our society. We are Hispanic. We matter.

Norma V. Cantú received her J.D. degree from Harvard Law School in 1977. She is currently Associate Counsel and Director of Education Programs for the Mexican American Legal Defense and Educational Fund (MALDEF) in San Antonio, Texas. As a staff attorney, her major cases focused on education and Chicano rights. In her current supervisory position, she has worked in litigation, advocacy, and community education on behalf of Hispanics, and on the issues of quality and bilingual education, desegregation, and public school resource allocation. Ms. Cantú is also a frequent conference keynote speaker and presenter.

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Bilingualism: An Important Imperative

by Abdín Noboa

Rational discussions about bilingualism become difficult due to the politics and emotionalism surrounding the topic. In fact, the undercurrents are so strong in this country that the nation seldom looks back into history or across its borders to better understand the phenomenon of second language acquisition. It is not only an old issue, but one for which excellent precedents exist all over the world. Imagine, for instance, that there are over 10,000 languages across the world which consists of nearly 150 nations. Bilingualism is rampant, globally.

What advocates of bilingual education are saying is that while non-native speakers learn English, they can also learn science and math in their respective languages. A student need not arrest the learning of subject areas while learning English. Furthermore, students would not forget their native tongues to only haltingly learn them later in high school or college.

This is not to argue against the learning of English, but to affirm the fact that a second language is a national asset. It is also in conformity with the research that knowledge of a second language is not detrimental, but a decided cognitive advantage.

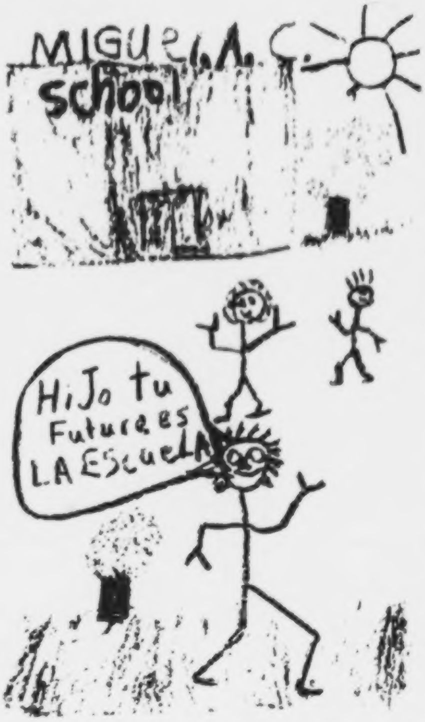
The most recent report (1986) by the Government Accounting Office (GAO) supports bilingual education. During President Carter's administration, the Commission on Foreign Language and International Studies concluded that "Americans' incompetence in foreign language is nothing short of scandalous." Today, even Secretary Bennett agrees that every American should learn another language.

Ironically, although no one in government seems to be directly against foreign language instruction, state legislatures do not spend money for it, nor does the Federal government. Meanwhile, as support for language instruction proceeds from one side of the mouth, the other side advocates "English only" laws.

There is a subtle but sinister message here. Since bilingual education programs are a diminishing breed, the push for excellence in this country too often transforms into a homogenized system that does not recognize diversity.

As America finds itself in a shrinking world, it must rapidly move away from the concept that it is well educated while only speaking one language. The irony is that this nation has the fourth largest Spanish-speaking population in the world!

Priorities must be realigned as the country tries to strengthen major segments of its population. This country can become stronger *because* of diversity. The country can approach these differences by embracing them without fear. Teachers should not be afraid of learning more, but of teaching less. Let us applaud students who have a built-in linguistic advantage. Rather than frighten and discourage them for what they don't know, we must support them for that which they *do* know. A second language is an obvious asset, not a detriment.


MIGUeL A. C.
school
HiJo tu Futuro es LA EscuelA

Miguel A. Cervantes

We express ourselves through language. If children cannot speak the language they know, we deny them the right to read. And the "right to be," as one scholar aptly put it, is more important than the "right to read." A form of cultural subjugation and disintegration is to lock people in their native language through the denial of speech. This practice limits personal freedom and the capacity to learn.

Language transmits culture. And we need to understand ourselves culturally. Our sense of peoplehood, our sense of self is greatly determined through language usage and societal attitudes toward the same. This is not something to be shunned, but to be celebrated and preserved.

Often ignored in discussions about bilingualism is the importance a dual language system has on the family. For migrant or immigrant families it provides the opportunity to incorporate the English language without fear of losing the native tongue. English acquisition need not be at the expense of one's principal language of communication and basic cultural heritage. For the non-English speaker, English should not be perceived as an "instead of" language, but as a language "in addition to" a native tongue. English must not be allowed to become a unitary substitute language, but the backbone to an even richer cultural repertoire to enhance pluralism.

There also has to be a relationship between the school and the home. Education cannot succeed independent of the home environment. English "only" instruction oftentimes becomes a divisive force between the two. Language instruction, not unlike the rest of education, should not be conducted in "isolation to" or "independent of" the family network. In some instances, language becomes an impediment to parental involvement in the progress of schooling. For these families, schooling not only becomes as distant and foreign as the language in which it is being conducted, but a place where the family doesn't belong and is, therefore, not wanted.

Language cannot be allowed to become an obstacle between a child and his parents, between parents and schools, or between families and the wider society. On the contrary, language and the facility to use the same in multilingual settings can become the bond that unites disenfranchised groups with the rest of society.

English only attitudes and policies are divisive, not inclusive. They do not assist the present isolation and disconnection faced by Hispanics today. It is high time we set the issue of bilingualism in a broader context, a means by which our local and global communities can truly become integrated.

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Oh no
Mi papa me Lleva a el hospital. Yo te Amo Papa!

Jesús Barrientos, age 7

Latino Families and Health

by José O. Arrom

The prospects for sharing full and healthy lives are not shared equally by minority Americans. Differences, often striking, exist in death, disability, and well-being between our ethnic/racial groups. Though blame is often put on the victims—or their culture and lifestyles—poverty and socio-economic factors remain critical.

Health status studies on Latinos and their families frequently fail to reflect these factors clearly. The literature has been slow in evolving from ethnographies of folk beliefs and practices to studies of methodological and epidemiological sophistication. Important data bases such as the Hispanic Health and Nutrition Examination Survey remain to be analyzed and published. Where public data or vital statistics exist, they are seldom available on a timely basis for working with local communities.

Latinos and their health status cannot be lumped together as a whole because of great internal diversity due to socio-economic class status, regional origin, immigration experience, and levels of acculturation and integration into American society. Puerto Ricans and Mexican Americans must be differentiated, even within the same neighborhoods. Globally, Puerto Ricans are characterized as having poorer health and socio-economic status compared to Mexican Americans and non-Hispanic Whites. Mexican Americans must also be differentiated by place of birth, with those U.S.-born or raised having poorer health status if they have lower economic status. Mexican immigrants appear to be healthier, with lower levels of mental illness, maternal and infant mortality. Those persons who have adopted American lifestyles are less healthy, although age and selective immigration may be confounders here.

Until recently, with the proliferation of antibiotics, immunizations, and sanitation systems, communicable (or infectious) diseases have lost their importance as health status indicators. Being immigrants from underdeveloped nations, however, Latinos are characterized by a higher burden of parasites and tuberculosis. Puerto Rican children have higher rates of respiratory disease. AIDS is a rapidly spreading disease, being transmitted by intravenous needle sharers into the general Latino community. Sexual styles are critical in the spread of AIDS and also permit the transmission of viruses which are risk factors for cervical cancer, for which Latinos have higher incident rates.

The most prevalent chronic diseases in the general population are cardiovascular, cancer, diabetes, and liver cirrhosis (for males). Though incidence rates of cardiovascular disease and cancer are lower among Latinos, the mortality rates are often higher since Latinos have low levels of knowledge of risk factors, disease signs, and self-care practices.

Important risk factors are: obesity, hypertension, lack of exercise, and high levels of culturally acceptable alcohol consumption among men. Smoking as a risk factor depends on national origin and seems to increase with acculturation. Mexican Americans have a 3:1 or 4:1 relative risk for diabetes compared to Whites and Blacks. Asthma and allergies have a high prevalence rate among Latinos of Caribbean origin, and have implications for school performance.

The primary cause of death and disability among Latinos under age 45 is from injuries. Risk factors are: alcohol, a culture of violence which appears to be class-related, firearms availability, poor housing, and marginal employment where there is often criminal neglect of safety.

Homicide rates are high, the source of excess deaths among Latinos, and equal to similar Black populations. Suicide rates are very low. Gang violence is prevalent in the major urban centers. It is almost impossible to get good measures of family violence, due to reporting issues, but rates are not equal within Latino subgroups. Little is known statistically about family violence and child abuse and neglect. Accidents are high in rural areas.

It is difficult to characterize the mental health of Latinos. The most important recent study, the Ecological Catchment Area survey, brings us the first true epidemiological picture of Mexican Americans, warning us to clearly differentiate immigration from acculturation. These are indications that migration selects a more robust population, compared to the native born (second generations). Extended kinship networks are critical for the reinforcement of health and are a major positive force in the maintenance of mental health among Latino families. Rates of alcoholism and substance abuse disorders are high, most significant among the native born and the most acculturated.

While Latino fertility is the highest among minority populations, it is not correlated to high rates of infant mortality. Teenage pregnancy is rising among Latinos but again does not relate directly to infant mortality. Infant mortality is not perceived as a significant issue in most Latino communities. Pregnancy is not perceived as an illness, and, along with lack of insurance, may contribute to delayed prenatal care which, in turn, delays access to the WIC Nutrition program, a significant contributor to normal birth weight.

Health and human services providers must take greater responsibility for health education and promotion, beyond the realm of traditional settings such as hospitals and medical clinics. The Latino family and its extended networks are generally health-producing and can be utilized to advantage in these efforts.

There is much yet to be accomplished in improving the health status of Latino families and their access to health care. Extended research needs to be encouraged, and the issues of medical indigency, language barriers involved in the effective use of service systems, and problems related to legal immigration status must be addressed as well in order to build the health of Latino families.

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The Right to an Adequate Education: Implications for Family Support Programs and Educational Reform

by Gloria G. Rodríguez

Each individual has a right to an adequate education and the rewards society offers. Unfortunately, too many low-income Hispanics are not becoming productive contributing members of society due to disproportionately high academic failure.

Nationally, the dropout rate for Hispanic youth is between 40 and 50 percent. In the Mexican-American population, 38 percent of the children live in poverty and the statistics are even higher for Puerto Rican families. These conditions affect the development of self-esteem, potential, and employability.

Children living in poverty and in cultural transition are more likely to be victims of their environment. The parents' self-esteem and hopefulness deteriorate as does their ability to prepare their children for academic success in the traditional school system.

All too often, certain language skills, values, and other coping mechanisms stressed in the home are related to survival in their immediate environment rather than the skills ensuring success in the broader social context.

Upon entering school, many Hispanic children experience "culture shock," finding they cannot relate to the teacher, culturally or linguistically, and that the curriculum and methodology do not fit their cognitive and learning style. The child's self-esteem and sense of belonging are so threatened that he/she simply gives up, lags behind, and ultimately drops out of school at the 8th or 9th grade level.

There is an abyss between the Hispanic home and culture, and the public education system. Some studies suggest that Hispanic parents stress cooperation, respect for authority, sensitivity, and warm human relations, whereas the dominant culture tends to value individual achievement, competition, and inquiry. Further, parents, are not part of the educational process and the school and home become conflicting institutions.

Thus the problems are identified, but what about the solutions? Some may be found in advocating for the home and school to work together, each doing its part in inculcating skills the child needs to succeed. But each party must effect serious changes on behalf of the child.

Generally, parents want the best for their children, and they can acquire or regain a teaching role, change attitudes, become more hopeful and learn activities that will foster growth and development among their children. Education can be instrumental in breaking the cycle of poverty.

Parents are the children's first and most important teachers and must become involved in the child's education, especially during the formative years. They must instill a love for learning, provide a stimulating and enriching environment, and prepare the child linguistically with basic readiness skills. Parents need to help the child build self-confidence, aspire to succeed academically, and help him/her to assimilate as needed into the dominant society while retaining those positive values that he/she brings from the home environment.

While some parents do this naturally, others are not cognizant of their teaching role, remaining unaware of how to interact positively with their children in ways that lead to academic success. Parent education and family support programs such as AVANCE (see program description, p. 10), help parents gain knowledge in child growth and development, acquire effective child management skills, expose them to community resources to mitigate stress, and strengthen their social support networks.

Family support intervention is vital during the early years for first-time parents. If we as a nation truly care about improving the condition of Hispanics, the family must be considered as an important resource for creating change.

There is a high potential for increasing parental efficacy, self-confidence, and self-esteem through this type of intervention. Many graduates of AVANCE's parenting program are now pursuing English as a second language classes, high school and/or college education, or employment training. This action, in turn, reinforces the value of an education in the home for the child.

Schools play an important role in providing adult education in every community. They should also welcome parent involvement and stress that parents are partners in the educational process. Contracts between teachers/principals and parents, and between teachers and students, indicating one's roles and responsibilities will enhance a child's educational process. Exposure to a variety of career options with Hispanic role models will also encourage the child to aspire to higher educational goals.

Gregorio Tapia, age 9

Additionally, it is the responsibility of teachers to understand, respect, and accept the child's language, culture, and cognitive and learning style. Children work best in groups when teachers demonstrate warm personal relations, support, and encouragement, and when they give clear instructions. Only after the children have met with success in their native language utilizing their preferred cognitive and learning style, should they be exposed to the learning style and language of the dominant society.

Research on this approach has shown that children do better in achievement tests, do better in math, have a higher self-esteem, and lower absenteeism. Practitioners have the opportunity to imbue *all* public education with these important principles which we have learned on the road to educating Hispanic children.

Fundamental changes need to occur in the educational, social, and political systems if one is to achieve equity and fairness. Educational reform and the strengthening of parental knowledge and family social support are feasible, logical, doable solutions to the problems of high dropout, illiteracy, and the debilitating conditions associated with poverty that so many minorities and individuals are experiencing.

Gloria G. Rodríguez has been the founding Executive Director of the AVANCE Educational Programs for Parents and Children in San Antonio, Texas, since 1973. She currently serves as Project Director of the AVANCE Research and Evaluation Project funded by the Carnegie Corporation. Gloria is a member of the Board of Directors of the Family Resource Coalition, the Harvard Family Research Project, Las Familias, Leadership Texas, and the San Antonio 100 Club. She served as chairman of Target 90's Family Task Force, was a delegate to the White House Conference on Families, presented testimony to the Commission on Children, Youth and Families, and participated in the Wingspread Research Conference on Child Abuse. She was on the consulting board of Parents Magazine, El Mañana es Hoy, *and was involved in the development of the government document entitled,* A Parents' Guide to the Selection of Day Care.

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Family Resource Programs in the Hispanic Community

The Lessons Learned from Family Place

by Joe Citro

How do you establish a family resource program in the Hispanic community? That was the question confronting the Board and staff of Family Place in Washington, DC, more than six years ago. As envisioned by its founder, Dr. Ann Barnett, and supporters from the Church of the Savior, Family Place was to be a community center providing daily enrichment activities, social services, and parenting education to pregnant women and parents of children under three.

In moving this concept into reality, we learned what works. Borrowing an old idea from a much higher authority, I now share with you ten commandments, or guidelines, for family resource programs in Hispanic communities.

1. Know the community you plan to serve.

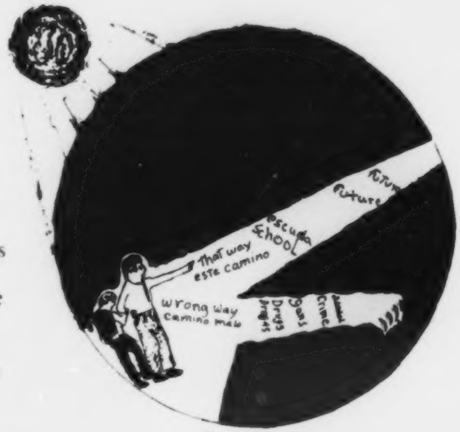
Before a single service is given, you should become an expert on the community's history, key leaders, needs and strengths, major service programs, and the national background of the Hispanic groups that populate it. Go to your local Planning Board — they have an amazing amount of information. Also, read the census reports (though not completely accurate, they are helpful) and any other publications that provide data on the community.

Visit other agencies, churches, and long-time community residents; listen for the needs they identify. Use these opportunities to explain the planned program and develop ties to other institutions and individuals. The first few months at Family Place were spent visiting, and the spirit of cooperation that was engendered is still basic to the program's effectiveness.

Information gathering will help you identify specific Hispanic national groups the program will serve, as well as the diversity of their needs. For example, immigration consulting might be of great import to Central Americans but is useless for Puerto Ricans who are American citizens. Learn as much as you can about each country's history, culture, and customs.

2. Re-create the feeling of family and home.

Hispanics are strangers in this country, whether they are native born or recent immigrants. They are not home, nor do they feel at home here. Mostly, they feel unwelcome. For the first time in their lives they are not surrounded by friends and relatives, and they yearn for "el calor de la familia" — the warmth of the family. Family, of course is a primordial value in the Hispanic culture. The program's success will depend on your ability to create anew the feelings of family and home. Family Place works because at its heart is a home where people relate like family, receive and give support, and feel warmed and welcomed.



El mundo

Juan García, age 8

3. The program belongs to the participants and as such demands their contributions.

All of us take more care of what is ours, and what is our own demands the best from us. Participants need to know that the program is theirs and prospers only with their care.

At Family Place, participants not only share responsibility for daily chores, but also assist in fundraising and program development through the Participants' Council. Duly elected, the officers of the Participants' Council enunciate program concerns, serve as consultants for new ideas emanating from program staff, and sponsor fundraising efforts. In this way, program ownership is confirmed, self-esteem is increased, and the need to contribute is affirmed.

4. Social services are an important program component.

Disenfranchised communities rely heavily on social services. For many Hispanic families struggling to find their way in a new country, culture, and language, social services are bridges to the unknown. Family Place offers direct assistance for concrete needs, crisis intervention to resolve family conflict, and information and referral to other service agencies.

5. The provision of social services should lead to the identification of systemic issues affecting families and help participants to address them.

The mission of family resource programs in the Hispanic community is necessarily broader than resolving daily service needs. It must advocate to change the dysfunctions present in the service system that impact on families. Program must attack a problem at its source and not be content to treat only its symptoms.

To illustrate the point, many pregnant women had considerable childbirth difficulty at Washington's public hospital because there were no Spanish-speaking personnel in the delivery room. Since the majority of women at Family Place were to deliver for their first time, the absence of Spanish-speaking staff presented a clear danger to both mother and child.

Rather than have the staff address this issue, we prepared a young mother to present it to a citywide health forum. She described her own experience in that delivery room and captivated the audience. The publicity generated by her story forced the hospital to hire sufficient Spanish-speaking staff.

6. Groups are a tool for teaching and for personal development.

Hispanics generally enjoy talking in the camaraderie of a group atmosphere. The challenge in initiating groups is to establish a spirit of trust. We accomplished this by building on the premise that Hispanics frequently turn to family for help, and broadened the concept of family to include Family Place participants and staff. Groups are also empowering in that they give program participants the opportunity to provide support as well as receive it.

7. Staff need to be bilingual and bicultural.

Staff's role in a family resource program is enormous, and like Midas, they turn the program design into gold. They set the ambience, provide services, organize groups, teach parenting, and serve as role models. Only by knowing the participants' language and culture, however, can they fill these roles.

8. The broader Hispanic community should be called upon to assist the program.

Since the program belongs to the community, the community is responsible to steward it. Three avenues for involving the community-at-large are support for the program: volunteering to assist with the service program, serving as Board members, and raising funds. The program should strive to be a model of the community helping itself. Try to involve Hispanic media, businesses, membership organizations, and unions.

Continued on p. 17

PROGRAMAS Y RECURSOS
Programs + Resources

PLAZA FAMILY SUPPORT CENTER is a strong advocacy voice for Hispanic and other minority families in Los Angeles, with a long history of comprehensive service delivery. They currently operate two major programs: Latino Foster Care and Adoption Recruitment, and Child Abuse and Neglect Treatment and Prevention.

Funded by the State of California Department of Adoptions, the recruitment program promotes public awareness about the urgent need for Latino foster care homes and adoptive parents through TV, radio, and the press. The staff also works with adoption and foster care agencies, and offers technical assistance to Hispanic voluntary foster care and adoptive parent groups. Given the importance of providing love and care within the children's own cultural heritage, the Center extends its efforts to include American Indian and Black children as well.

Plaza's child abuse treatment and prevention program assists families in learning about and understanding effective child care and family relationships in order to prevent problems. The program provides support services in personal and group counseling, referral, court advocacy, and consultation and training sessions for professionals emphasizing appropriate bicultural techniques that aid Hispanic families in the prevention of child abuse.

Rosanna Cárdenas, age 5

The Plaza Center has also developed Familias Unidas Latinas, a bilingual, bicultural model program for parents. In a group setting, parents meet to discuss ways of resolving specific family problems and receive peer support for coping with stressful situations that may lead to child abuse and neglect. The goal is to maintain harmony within the family, recognizing cultural and linguistic values as sources of positive reinforcement.

Contact: Geraldine Zapata, Project Director, Plaza Family Support Center, 4018 City Terrace Drive, Los Angeles, CA 90063, 213/268-3219.

AVANCE EDUCATIONAL PROGRAMS FOR PARENTS AND CHILDREN serves predominantly low-income Hispanic families in San Antonio, Texas. Working out of three sites, Avance provides four direct service programs of support and education to primarily Mexican-American parents and children who are considered high-risk.

Originally conceived as a parent education program focused on preventing academic failure, fourteen-year-old Avance has expanded to meet the complex and interrelated needs of families including child abuse prevention and economic development. The program has grown from $50,000 to over $700,000, from serving 35 parents to serving more than a thousand. There is a paid program staff of 30, many of whom are graduates of Avance programs. A three-year research and evaluation project is underway, funded by the Carnegie Foundation.

The Parent-Child Education Program engages parents and their under four-year old children in a nine-month curriculum of weekly bilingual meetings that familiarize parents with the basic social, emotional, physical, and cognitive needs of their young children. Serving approximately 120 parents and 150 children monthly, participants are recruited directly from the community on a door-to-door basis by Avance staff.

The Educational and Economic Development Program fosters economic stability and educational advancement through adult basic education classes (ESL and GED), and college placement.

For families confirmed as child abuse and neglect cases, the Homebound Parenting Education Program becomes an individualized support system through weekly home visits. Parents and children receive treatment services concurrently, helping to ease isolation, relieve stress, and teach parent education.

The fourth program gives special emphasis to teen sexuality and the prevention of adolescent pregnancy. Parents are organized as a prevention resource to help in reducing the incidence of teenage premarital sexual activity.

Contact: Gloria G. Rodríguez, Executive Director, Avance, 1226 NW 18th Street, San Antonio, TX 78207, 512/734-7924. **(FRC)**

HACER is an acronym for Hispanic American Career Educational Resources; in Spanish, its meaning is to take action, which signifies their role in the New York Hispanic community. Since 1975, this city-wide community service agency has helped Hispanic adults and adolescents in the area of education and careers through a variety of vocational skills training and counseling programs. In 1979, HACER created the Hispanic Women's Center, a program funded by the Carnegie Corporation of New York, as a vehicle for carrying out activities specifically targeted to women. Since 1980, HACER has pioneered microcomputer training and become a vigorous advocate of child care at the local, state, and national levels.

Addressing teenage pregnancy prevention through a demonstration project called Las Madrinas (Godmothers), HACER pairs Hispanic adolescents with Hispanic professional women. Initiated in 1985 through funding from the New York Community Trust and the Greater New York Fund, these mentor relationships have opened a new world of possibilities to youngsters with limited career aspirations. The Madrinas include lawyers, physicians, and women in other professions. In one-on-one and group sessions, the adolescents get frank and spontaneous answers to some of their most urgent questions, from anxieties about sexuality to concerns about managing careers, family, and their homework assignments.

Another HACER operation, Parents in Action, was inaugurated in June, 1987. This Comprehensive Employment Opportunity Support Center (CEOSC) is part of an initiative by Governor Mario Cuomo to increase the employability and long-term economic well-being of AFDC recipients with children under six years of age. Parents in Action is funded under a subcontract with the National Puerto Rican Forum, which received a major grant for such centers from the New York State Department of Social Services. More than 100 volunteer participants, mostly immigrants from the Dominican Republic, are signed up for the center's first free 21-week cycle. After testing and assessment procedures, participants will be individually coached in job-seeking and interviewing and offered vocational training in child care, home care for the elderly or infirm, or data entry. Instruction in English as a second language is integrated into the entire program. Counseling is also included to ease the transition from home to employment, and an on-site child care facility provides the mothers with important support features.

Contact: Dr. Norma Stanton, Director, HACER/The Hispanic Women's Center, 611 Broadway, New York, NY 10012, 212/254-1444.

COSSMHO is the Washington-based, nonprofit National Coalition of Hispanic Health and Human Services Organizations. Now thirteen years old, COSSMHO has become a multi-disciplinary, cross-cultural (Mexican-American, Puerto Rican, Cuban, and Latino American), national membership network involving more than 508 agencies and organizations.

Working jointly with local Hispanic-serving agencies that conduct program operations, culture-specific services and training are provided to Hispanic families, youth, children, and the elderly.

An example is Concerned Parents, a national demonstration project developed in 1983, targeted at five sites (Boston, Albuquerque, Los Angeles, Miami, and San Antonio). Parents and extended family members were organized and trained as major prevention resources in reducing the incidence and prevalence of adolescent pregnancy, sexual activity, and associated health and social risks. Five different service providers tailored individual programs to their particular sites, based on extensive focus group research conducted initially.

COSSMHO's Project Hope, operating at eight sites, (New Mexico, New Jersey, Arizona, Connecticut, Texas, Nevada, California, and Utah) assists community-based agencies in developing and implementing model programs for runaways and for physically/sexually abused youth. As part of its community child abuse prevention strategy, the La Familia Counseling Center in Sacramento, CA, produced a group of bilingual materials. The items included a videotape and study guide for service providers to aid them in understanding the cultural considerations that could affect Hispanic families impacted by child abuse, and *The Child Abuse Bilingual Services Directory.*

COSSMHO also offers career development and leadership training activities; their film series titled, *Hispanics in Health Careers,* motivates and encourages young people to enter health-related professions.

The organization's most recent activities include programs for nationwide Hispanic AIDS education, risk reduction for diabetes, and the establishment of a consortium to encourage research on Hispanic health issues. Materials for non-Hispanic health providers working in Hispanic communities are currently being field tested.

Contact: Helen Muñoz, Director, Concerned Parents Program, COSSMHO, 1030 15th Street, N.W. Suite 1053, Washington, DC 20005, 202/371-2100.

CEDEN's nonprofit service, research, and development center in Austin, Texas, provides educational and human services to low-income families. Their main Austin service area is primarily Mexican-American. Approximately 24% of the households are headed by women, 35% of its children are born to teenage mothers, and 25% of its mothers are single.

One of the first bilingual infant stimulation programs in the U.S., CEDEN began in 1979 with 80 families and now serves over 10,500 persons each year.

CEDEN has been replicated in three Texas locations. Their Parent-Child Program consists of weekly home visits and monthly group sessions for families of children from birth to two years of age at entry, emphasizing health, nutrition, and infant stimulation to prevent and reverse infant developmental delays.

The Family Development Program provides the assistance of emergency food, clothing, and other resources to needy families, building family self-sufficiency through social work services. Classes in parenting and family life skills, social support groups, and special groups for teenage parents and families in crisis are used to prevent child abuse and neglect through the Pro-Family Program. Research and evaluation are conducted on CEDEN programs and related topics of child development, parent education, and program processes.

Paola Calderon, age 8

Through its Materials and Media Program, CEDEN has produced an illustrated infant development album available in Spanish or English. Appropriate for multi-cultural audiences, *My Baby Book / Libro de mi bebé,* involves parents in child development activities as they note their baby's growth and achievements.

Other publications and tapes marketed by CEDEN are: *The Toy Making Booklet for Parents; A Training Manual for Home Visitors; Health and Nutrition Packets* for outreach workers and parent educators; the *Evaluation Manual and Instruments;* and *Slide Tape Presentations* in English and Spanish on nutrition, accident prevention, and infant development.

Contact: Emily Vargas Adams, Executive Director, CEDEN Family Resource Center, 1631 East Second Street, Bldg. A-B, Austin, TX 78702, 512/477-9017. **(FRC)**

FAMILY FOCUS WEST TOWN in Chicago helps its Hispanic families cope with problems of big city life, the school system, health care, child rearing, changing family roles, and language deficiency.

Center programming includes prenatal, parenting, and child development classes, problem-focused workshops on family relationships, child abuse, toilet training, etc., and typing, sewing, dressmaking, and English as a second language.

Discussion and rap groups, alien to many Hispanic families, are often introduced through traditional craft classes where conversation and handcrafts go on simultaneously. Group leaders are able to pick up on parent concerns, and discussions are organized for information and support.

The Children's Room at West Town's storefront center plays a basic child care role, enabling parents to join activities, and also acts as an informal classroom. Because 75 percent of the participants lack English language facility, staff members use every opportunity to help the children learn and speak English. Preparing youngsters for their first school experience also includes screening for learning difficulties and a variety of health problems. Great emphasis is placed on working with parents on school-related issues, often a major problem area for immigrant parents and their children.

Many families who attend West Town also use the services of other community agencies. Informal networking avoids duplication of services and encourages inter-agency assistance and interaction. The March of Dimes, for instance, funds the center's Mother Visitor Program, which has a prevention of birth defects focus.

Families, in all their essential elements, are served at West Town. While 240 families participated in 1986, countless extended family members were also involved. Grandmothers, for example, who literally raise the children while their parents work, are crucial to family functioning and become a vehicle for passing parent education on to the family. The staff recognizes the importance of wide flexibility in the midst of structured planning to keep their population committed.

A drop-in component has developed over the years, with a growing involvement of fathers. Beginning with English and parenting classes, many men now drop in and stay, creating a familial atmosphere. A fathers' group has attracted Hispanic men from all areas of Chicago.

West Town is one of seven Family Focus centers in metropolitan Chicago. A ten-year old nonprofit family support agency, Family Focus is a model for hundreds of family resource programs around the country.

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The Survival of Family Support Programs: A Funder's Perspective

Families Facing the Future is a program jointly funded by the federal government and the Howard Heinz Endowment, aimed at preventing developmental delays in growing children.

by Margaret M. Petruska

Most providers of children's services have experienced firsthand the changing role of the federal government and the redirection of federal priorities. I, too, have seen the repercussions of shrinking government dollars as my career has moved from an administrator of a private preschool program for emotionally disturbed children, to a government funder of children's programs, to my current role as a program officer of the Howard Heinz Endowment.

The picture looks bleak for children's programs, particularly in the prevention field. In 1982, Pittsburgh was selected as one of fifteen sites when the Washington-based Urban Institute launched a national project to examine the effects of government spending cuts on local nonprofits. The study systematically looked at the impact of cutbacks on health care, family aid, and other human services, and mirrors what I believe is happening to nonprofit agencies across the country.

The study revealed the following characteristics of the Pittsburgh nonprofit sector: the sector comprised approximately 1100 human service agencies which had expenditures of $600 million in 1982; most of the agencies were small (due perhaps to the prominence of neighborhood-focused organizations which reflect the community's ethnic diversity); the agencies were also relatively young, most having been created since 1960.

Government funding had been the largest single source of support for these organizations, supplying more than half of their total income. Service fees, dues, and charges provided the second largest funding source. Private giving—from individuals, corporations, and foundations—ranked third, accounting for about 17 percent of total nonprofit income.

Pittsburgh agencies replaced some of the government losses by turning to other sources of support. Most of the substitution came not from private charity but from heavier reliance on dues, fees, and other charges for services. In contrast to national trends, Pittsburgh agencies faced sharp losses in United Way and corporate support, reflecting the impact of the recession on the local economy.

In addition to seeking alternative funding, many agencies responded by reducing staff levels, increasing staff workloads, instituting management reforms, and expanding their reliance on volunteers. Even so, 50 percent of the agencies studied found it necessary to eliminate specific services or programs, while 10 percent tightened eligibility requirements for service, or reduced the number of clients served.

In conclusion, if we look at the funding picture over the last five years, and look ahead to the next five years, and if your city is like Pittsburgh, your human service agencies are in considerable fiscal and programmatic strain. You have been forced to reduce your activity, seek alternative sources of funding, limit your staff size, and alter some of your internal operations.

While some of these consequences may be positive—improving your agency's productivity and strengthening your fiscal base—others, such as increased pressure on your personnel and a growing reliance on fees and charges, raise concern about the outlook for future funding and stability, and the delivery of services to the very poor—our nation's children.

A Renaissance for Children: A Local Example

Despite this gloomy picture, I truly believe there are some promising signs ahead and some specific ways in which you can secure your own survival.

To illustrate this, I offer another Pittsburgh example—the change that has taken place within our local Children and Youth Services agency, which is charged with the mandate to protect children from child abuse, to deal with dependent, neglected children, and to reunite children in foster care with their natural families.

If your Children and Youth Services agency is anything like ours, it is experiencing tremendous stress. There are numerous pressures to provide services and diminished resources available. Staff morale is low. There is high staff turnover, and there are negative relationships with other agencies. Newspaper headlines continue to publicize the agency's failures.

However, last year in Pittsburgh, a task force recommended the following changes which are already beginning to take place: the establishment of district offices throughout the county that act as family treatment centers, whose workers are trained as family specialists so that they can carry out the intensive family services; each office will have a demonstration project that reinforces intensive family approaches; the bulk of the attention and services should be devoted to keeping children in their own homes or returning them to their own homes as quickly as possible; every effort will be made to keep all children from a family together.

My point in sharing these recommendations is to illustrate the number of times the word "family" is mentioned. The report also calls for a "renaissance for children" with the full support of decision-makers at all levels of government and community to serve the needs of children and youth.

The outcome of this report is promising. Based on its recommendations and the concern of the community and top level funders, the agency is in a process of renewal.

There is a new Executive Director, staff have been trained in family therapy, the shelter for children has been disbanded, and youngsters are now being cared for in less institutional ways. There is a sense of excitement about working for the agency, and staff have begun to bring the focus back to the family.

This report sets a new standard of treatment for children in our city, and its recommendations have served to charge the community in very exciting ways, including the establishment of a Commission for Children, composed of representatives from county and civic government, the juvenile justice system, private providers, business, education, foundations, and religious leadership—all attempting to advocate for and build a constituency for these children.

The Role of Private Foundations in the Funding Gap

First, in terms of helping to fill the gap, foundations are more likely to be aware of the needs of the specific communities in which they operate. Most do not give operating support, but rather provide seed money for "start-up" or demonstration projects.

Second, foundations are in a position to be more creative and innovative than government-funded programs. They can offer a more objective forum to discuss current issues in the delivery of human services. They can afford to take risks. Foundations tend to focus on preventive services, while government programs tend to be more reactive and crisis-oriented.

Third, foundations can play an advocacy role in galvanizing the community by encouraging those who are responsible to talk to each other and move toward greater integration of their efforts.

In terms of dollar amounts contributed, however, foundations represent only one small part of the private sector. They can't fill the gap left by reduction of public support for children's and family services. Agencies need to look to others to help with the funding shortage—the public has dollars. According to the American Association of Fund-raising Counsel, 86 percent of all Americans give to one or more charitable organizations. Individual donations account for 90 percent of all charitable giving in America—the remaining 10 percent comes from foundations and corporations.

The Agency's Role and Responsibility

Look internally at your own health as an organization. Determine who and where you are, where you want to be, and what you need to get there. What is your Board composition? Does it have any fundraising clout? Is it broad-based, including representatives from the business and corporate, legal, and political community?

Have you developed a long-range plan? In other words, what product are you selling? Can you demonstrate public demand and support for your services? What makes your particular service crucial to the health of your community? The competition is getitng tougher, the criteria more explicit, and grantors more discerning.

My experience with many children's agencies is that they become very turf conscious and don't want to give up the children and families they serve. Duplication of services and unfamiliarity with other agencies working in the same field exist in many communities. Have you thought of merging with another organization? Can you form new and creative partnerships? Can you find new ways of delivering services? Can you form a consortium to address a particular problem?

Have you analyzed your internal financial situation? Have you cut unnecessary expenses? Are you making money with the money you have? Have you tried sharing costs with other organizations? Sound financial management not only saves money, it also tells potential donors that you will use their contributions wisely.

A publication entitled "Discover Total Resources, A Guide for Nonprofits," produced by Mellon Bank, suggests the following examples of cost sharing possibilities: joint purchase of goods, equipment, and services; shared office space; group purchase of medical and other insurance. For example, Louise Child Care Center in Pittsburgh acts as a bulk purchasing agency for more than 55 child care providers, at an average savings of 15-30 percent.

Look at membership dues. People buy memberships because they believe in an organization and want to help further its goals. Members are a form of collateral for attracting other "investors from the community." Grantmakers like to know you have strong community support. Members are also prime prospects for personal donations. However, memberships must be sold. Sharpen your selling skills and develop a creative marketing plan.

Look at earned income. There's no rule that says nonprofits can't make money, only that the money must be used for charitable purposes. Services are marketable. So are program-related products. Many of you already sell subscriptions to your newsletter. The possibilities are limited only by your creativity, skills, and management abilities.

A program-related business can be a moneymaker for nonprofits. Possibilities include the manufacture and sale of products, and the sale of products purchased for resale. Perhaps the best-known example is Goodwill Industries, which teaches handicapped persons to refurbish donated household goods, and helps support itself through sale of the items in its resale stores. Other well-known moneymakers are Girl Scout cookies, UNICEF cards and gifts, art and wildlife posters and calendars, hospital giftshops, ticket sales, community and celebrity cookbooks. Nonprofits are also venturing into non-traditional businesses as well—a local agency in the Pittsburgh area recently purchased a Mr. Donut franchise.

Use people as resources. Another way for individuals to help each other and strengthen your agency at the same time is through volunteerism. Approximately 23 million Americans contribute at least five hours a week of their time and talents to support the nonprofit sector. The effort to increase the number of volunteers in your agency needs to be organized. Careful recruitment, training, and a sensitivity towards the individual talents of each volunteer are important considerations. Volunteers need to feel useful and responsible.

In summary, I would like to conclude with two overriding themes:

You need to be creative and think big. As "Discover Total Resources" states, resources are not only financial, but include people, goods, and services. The health of your organization rests with how successful you are in developing these relationships. "Dare to be different, creative, and strategic. Appeal to self-interests. Demonstrate support from those you serve. Be assertive and ask. Share ideas and resources. Tell your story. Believe in yourself."

"If ever there was a force to impact the future of nonprofit programming and development, it's the current trend of collaboration. Sharing, coalescing, trading, collaborating—by all these names, togetherness is the key to success for the future. Funders and other sources are increasingly looking for cooperative solutions to community needs. These take many forms, from basic networking and information sharing, to shared grants, goods and services, and sophisticated government/private/community partnerships." Your survival depends on new ways of thinking about asking for money to ensure the survival of your family support programs.

Margaret M. Petruska, MSW, is a Program Officer with the Howard Heinz Endowment. She is involved in the funding of a variety of human service programs, particularly those that focus on families and children, a priority for the Endowment. Future grants will emphasize the creation of new prevention services for at-risk children and promote early childhood development in Pittsburgh and western Pennsylvania.

Through her personal interests and career in the care and treatment of children, Margaret has been a program administrator, child therapist, private and public funder, and program evaluator. She has designed and developed statewide programs, legislation, and a coalition in her efforts to aid mentally retarded adults, and at-risk, abused, and handicapped children.

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Learning About Parenting: Learning to Care

A Curriculum for Kindergarten Through Eighth Grade

by Harriet Heath, Sara Scattergood, and Sandra Meyer

Six-month old Susie is fussing as her mother unwraps her outer clothing. "Why do you think she's crying?" the mother asks a group of second graders who surround her in a public school classroom.

"She doesn't like to be all bundled up, she can't move." "She's hungry." "She wants to be changed." Watching the baby nuzzle against her mother's breast, the children call out, "She's rooting; she's so hungry."

As the mother settles down to nurse her baby, she poses questions to the students: "Why didn't Susie *say*, 'I'm hungry'?" "How *did* Susie tell me she was hungry?" Through the students' responses, the class begins to learn about how infants communicate their needs.

The teacher extends the discussion by asking, "How is Susie's mother teaching her infant that she can communicate her needs?" And "How did Susie's mother know how to do this?" The students recognize that parents have to learn as well as children.

This classroom visit is part of the *Learning About Parenting: Learning to Care* (LAP) curriculum, a program of Education for Parenting (E for P).

The goal of LAP is to sensitize students to the joys and responsibilities of parenting/caring for another while teaching skills and giving them information for assuming these roles effectively and with satisfaction.

Adults in America receive little or no training for their responsibilities as parents. Yet, as one inner city teacher noted, "My students are more apt to be parents before they need to know where the Tropic of Capricorn is."

Learning about Parenting offers a partial solution to the problems of student-age parenting and child abuse that pervade our society. By reaching students before they become sexually active, LAP imparts the clear message that parenting takes time, energy, thought, and skill. This knowledge helps young people conclude that by becoming parents before they are physically, emotionally, or financially ready, there may be adverse effects on their own lives and that of their child's.

Young students who elect to become parents often envision a doll-like baby. Because they are ignorant of the stages of human development, they don't think about the grubby, willful toddler to come and how they will cope with change. Teenagers who are aware of the commitment and responsibilities of child-rearing are more likely to delay having children until they are able to care for them properly.

Many adults who abuse their children are ill-prepared for what to expect in their children's development; they make unreasonable demands and possess only minimal skills for dealing with the child's behavior. Though students may not remember all the details, LAP plants the idea that infants do grow and change, that infants are not adults, and that there are many ways of guiding and directing an infant's behavior.

Readers may not be aware of how frequently students express the wish that their peers were more caring. The attitudes, information, and skills used when parenting and learned when studying LAP can be applied to all relationships. We find students are doing so with their parents, siblings, younger children, and peers.

Curriculum: What's Taught

Parenting/caring is taught as a planning—doing—reflecting process conducted within a warm, loving relationship. Before contact with the parent and the infant or younger child, students plan how to make the visit pleasant, and try to predict what their young visitor will be able to do. During the visit, they make observations on what the infant does and how the adult facilitates the infant's activities. Following the visit, they reflect on the accuracy of their predictions and effectiveness of their plans. They may even start planning for the next visit based on their experience.

In the opening vignette, the second graders were learning the important role of the parent. Other parts of the curriculum implement the goals using other kinds of experiences. In the fifth grade, for instance, students gather up the books they have made for their friends in the class for students with special needs. One book is about baseball, another about hockey, and a third is a fantasy. The fifth graders have chosen the topics thoughtfully, mindful of the interests and capacities of their special friends. The stories have also been carefully worded to fit the vocabularies of their future owners. Now with pride and excitement, the fifth graders bring the books to share and enjoy together with the children they had not known before the program began, though both classes were in the same building.

The seventh grade class is reporting on their observations. During the preceding week, each student had been assigned to work with either a 5- or 6-month old infant or a 10-to 11-month old in playing with a ball. Once the infant became interested in the ball, the student hid it under a blanket while the baby watched. Different-aged infants reacted differently. Students reported that the younger ones turned away, interested in some other object. The older infants, however, remembered where the ball was hidden and resolutely pulled the blanket off to continue this exciting game. "Object constancy," the students laughed. "It's just as Piaget describes."

Using the students' observations of infant behavior, the teacher pursues the implications by asking, "Do parents remain the same or do they change as their infants change?" "If you were a parent, how would your planning for and behavior towards the 10-month old differ from plans and behavior you might use with the 6-month old?"

The curriculum is based on current developmental theory (reviewed by Drs. Sally Provence and Stanley Greenspan) and has been extensively tested in classrooms. The first author analyzed the attitudes, information, and skills parents use. Working together, the three authors with master teachers, experimented to determine how and when the various concepts could be presented most advantageously. What they found was no surprise to any teacher: very young students need to have concepts and skills presented in concrete form; older students can deal with more theoretical presentations.

Information about child development expands from students' observations of concrete differences among infants (some walk, some don't), through more abstract learning (infants can't talk so they cry to express their hunger) to recognizing differences in thinking styles (6-month olds don't remember an object hidden, 10-month olds do).

Implementing Curriculum

Requests for the program come from teachers, principals, and parents who have learned about it during in-service presentations, through media attention, and by word-of-mouth.

Training includes a visual presentation describing how the curriculum is implemented. Teachers who express interest in incorporating the program into their classroom participate in at least four training workshops which present the child development theory and teaching methods used.

Liaison staff members from E for P work with teachers on a one-to-one basis in the schools, supply materials, bring visiting parents and children to the classroom, model how to teach the curriculum, offer support, stimulate additional teachers to become involved, and write a newsletter circulating teachers' ideas, comments, and anecdotes about the program.

The Organization of the Curriculum

The LAP curriculum is composed of two parts, each with four units. Part I, *Getting to Know*, is for students kindergarten through third grades; Part II, *Learning About*, is for students fourth through eighth grades.

In each Part there is a unit on pregnancy, newborns and their parents, infants and their parents, toddlers and theirs, and suggested experiences in which students care for younger children.

The written curriculum includes: student workbooks for each of the eight units; a *Handbook* for teachers presenting a brief review of the importance of including parenting in the curriculum, how the curriculum evolved, the developmental theory followed, and how specific parent skills can be taught; and a revised *Idea Book* that will be available in the winter of 1988, which encourages teachers to be imaginative in fitting LAP and its philosophy in to existing curriculum planning and in developing other experiences in the classroom.

The whole program provides marvelous opportunities to reinforce academic skills, thus minimizing the amount of additional resources or time used. Younger students practice reading through the use of experience charts. Students of all ages are encouraged to read to younger children. Opportunities for writing are numerous; students like to describe themselves and their experiences at earlier stages. They also enjoy reporting interviews with their parents about what it was like being a first-time parent or how their parents coped with them as 2-year olds.

Mathematics is incorporated in the program. A simple problem: Is a baby's length the same whether measured in inches or centimeters? A more complex one: Five 6-month olds are visiting in the school; what is their average height and weight?

Background

Started in 1978 to test whether or not parenting could be taught in schools, Education for Parenting is now a nonprofit organization.

Currently, LAP is being used under the direction of the Education for Parenting Staff in three private and eight public schools in the Philadelphia area, in a community youth project, plus two major satellite programs on the east coast. There are more than 2,000 children involved in the programs, along with 75 teachers, and 60 parents. Populations include low income and welfare families, inner city, suburban, and rural children. LAP has also been adapted to non-academic settings. Inquiries about the program have come from all parts of the United States and Canada.

Conclusion

Bringing live babies and parents into the classroom is a powerful teaching tool. The visit allows students to experience the parenting process as one of planning, doing, and reflecting. Through their observations and questioning, students come to understand the development process and the vital role of parents, and learn how to nurture/care for another.

In summary, outcomes (some of which we have experienced and some of which we predict) of introducing *Learning About Parenting* in schools are:

- Students transfer attitudes, knowledge, and skills learned in the classroom into their current life experiences.
- A warmer and more friendly climate created in the school supports students, encouraging them to feel more adequate to use their full intellectual capacities to observe, problem solve, read, write, and calculate.
- Students become more caring of their family members and peers.
- As they become aware of the problems and responsibilities in nurturing babies, fewer students will choose to become student-aged parents.
- Students using problem-solving techniques will become more thoughtful and knowledgeable so that, as parents, they can choose among options in dealing with very young children.

A sixth grade student tells it best: "I just think *Learning about Parenting* is a great program. It's a great way to teach young kids how to be parents. I think it has helped me.... If I hadn't taken Parenting, I wouldn't have understood my siblings as well. When my sister cries at dinner she is a royal pain, except I know what to do most of the time to calm her down. At least I know she is going through a stage and might need something like a transitional object, such as a 'security doll'. I am able to understand her more and feel what she feels so I can figure out what she wants."

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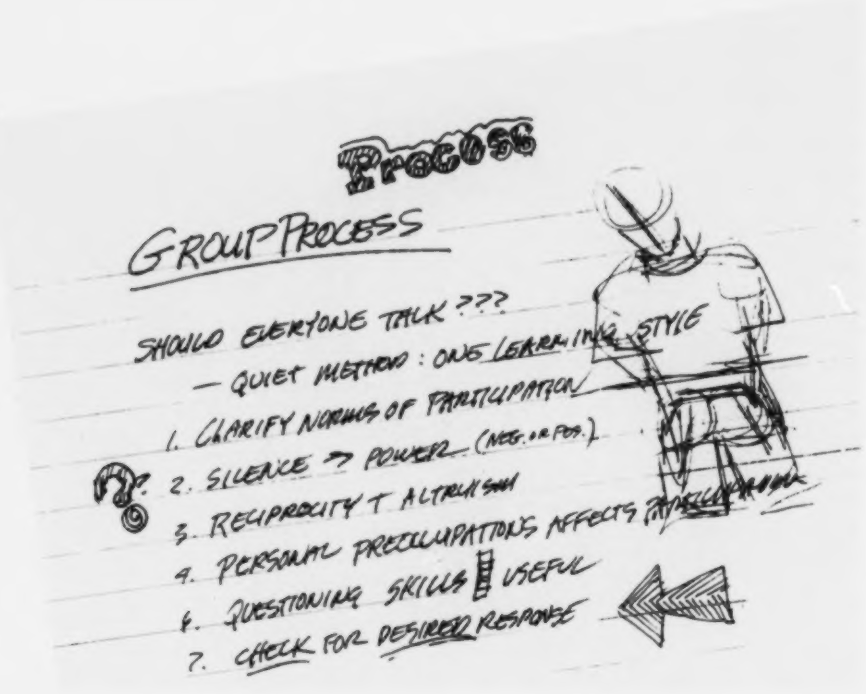
Process
GROUP PROCESS
SHOULD EVERYONE TALK ???
— QUIET METHOD : ONE LEARNING STYLE
1. CLARIFY NORMS OF PARTICIPATION
2. SILENCE → POWER (NEG. OR POS.)
3. RECIPROCITY + ALTRUISM
4. PERSONAL PREOCCUPATIONS AFFECTS PARTICIPATION
5. QUESTIONING SKILLS USEFUL
7. CHECK FOR DESIRED RESPONSE

Musings about Group Leadership: The Quiet Member

by Ted Bowman

Involvement of all group members is a goal for many parent group leaders. Setting the goal, even wishing deeply that all will participate, does not, however, make it happen. Full participation by all parents, it seems, is easier said than done. There is always the quiet member who regularly attends but says little or nothing. There is, more often than many leaders would like to admit, the pregnant pause following the leading question. There are those parents who give you or their fellow group members so little that you wonder what they are getting.

For even the most skilled and dynamic parent group leader, active involvement of all the participants does not happen easily or consistently. It is the nature of group process that each group is different. Hence the dynamics of participation can vary with each group, if not each session.

Join me in some musings about the quiet member. Let's think together about such persons, their behaviors, their impact on group process AND on us. Let's think about some responses that can be helpful to all group members, including the quiet ones.

The goal of active involvement for all participants, if by that we mean that everyone talks, may be an inappropriate goal. There are various learning styles, one of which is a quiet method. The quiet member, seen in a grocery store or on a street corner two or three years after participating in a group, who exclaims about the significant impact of the group experience, has convinced many veteran leaders that this is true.

Some people, it seems, learn by listening and reflecting. They may need and choose to take time to digest ideas before applying them. Their actions, over time, speak louder than their words during the group. In contrast to those who are talkative and opinionated, these quiet ones can be perceived as inactive. Rather, they are active in a different way.

A distinction between active and passive quiet members may be useful. Active quiet members are those persons whose eyes follow the conversations, whose face and body reflect responses to the discussion, whose participation is full except for verbal interaction.

Passive quiet members, on the other hand, are those persons whose behavior gives you little if any clue of participation or responsiveness to the group process. Checking in with such persons will often reveal that they may be out of place. That is, they may best learn one-to-one, not in a group, or they are so preoccupied, perhaps even depressed, about stresses in their life that they have difficulty focusing on the group.

Douglas Powell has provocatively described modes of parent participation ranging from the prospective parent (looking ahead to what will be faced next) to the collaborative parent (our favorite because of their willingness and ability to enter into the give and take of group process), to a parent so stressed that their ability to offer much to others is blocked by their preoccupation. For either the prospective or the highly stressed parent, participation in a group process may not be advisable or useful. Both may be quiet members because their needs and desires are out of sync with the group.[1]

For these and other participants, **clarity about norms of participation** can help. Parent group leaders frequently operate with assumptions that are not shared by group members. For example, leaders may assume that everyone will talk; members may assume that everyone will listen. Leaders may assume that the best kind of participant is an initiator; members may not speak until called upon. Some people are oriented to be responsive to the needs of others to such an extreme degree that they will never speak if they perceive that someone else might need or desire the time.

Because people learn in different ways, it is important for the group leader to describe expectations of participants, or, better still, for the group to create shared expectations. Otherwise, confusion about expectations and differing assumptions will result. The issue is not one of correct choices of norms. The issue is clarity of norms. Decide in advance if you are willing to have parents participate quietly. If you do, their behavior will be much less irritating.

Discussion about **the power of silence** can also be useful. Many people think that talkative individuals are the most influential group members. They get their ideas or feelings out. They frequently are in the thick of the discussion. They may challenge others with their positions. Yes, words and their expression do have power and influence.

Silence, in addition, has tremendous effect. Group leaders and members' attention can be distracted by quiet members. They pique our curiosity. They challenge us and our skills of involvement. It often takes more energy to pull a quiet member into a discussion than to slow or stop a talkative one. Further, the group gets little from quiet ones apart from their physical presence. Information, support, or resources from them or for them may not be communicated. Significant contributions to the quiet ones may not receive acknowledgement.

It is important to alert group members to the power of silence. To do so can aid group process; it can also be a teachable moment about parent-child interaction. Silence between parent and child is a powerful tool of interaction and can have negative or positive consequences. Discussion of the power of silence can be useful for all parents. You may want to observe your own comfort with silence. When group leaders relax and welcome the silence, group members are more active. Group leaders who rush to fill the silence create an expectation that leaders will always talk, instead of waiting for others to join in. It becomes a self-fulfilling prophecy.

In addition, mention of **reciprocity and altruism** may be useful. Irving Yalom[2] identifies altruism as one of the curative factors in group process. While his orientation is therapy groups, his point is still important. There is something useful for us in aiding others; we do get better by knowing that we have something useful to offer. Fostering shared responsibility—reciprocity, if you will—as an overt ingredient in the group process can make your job easier and contribute to member satisfaction and growth. Practice of give and take in the group process can also model similar behavior at home.

Another variable affecting participation is **personal preoccupations.** Group leaders often assume that people are present when they arrive. To the contrary, many group members have not yet arrived even though they are physically there. They may be lingering with a child they have dropped off. They may be preoccupied with an argument with a child or partner. A relative may be sick. They may have run off the road on the way to the group. They may be preparing for the next event.

Presuming that people are present and raring to go is a dangerous assumption. Quiet members may not be with you, but somewhere else. To begin your groups by allowing people to check-in or to simply acknowledge that people come from other places and to guide them in a letting-go exercise can enhance the group process significantly. Personal preoccupations will almost always distract from the group process, even for the most dynamic leader or in the most creative curriculum.

Use of **questioning skills** may draw out the quieter members. One of the seductive traps for the group leader is to do too much talking. Concern about content and the desire to share it in a way that is useful to group members can result in more talking than listening and more talking than questioning. Auerbach points out that parents learn best when they participate in creating the response.[3] Inviting people to share their experiences or asking for their suggestions not only engages the group but affirms them as resources to one another.

Members will often remain quiet if the leader's tendency is to quickly provide information in response to questions rather than turning to the group. Dependency on experts can be fostered by the experts themselves unless carefully avoided. Think of methods that invite you to volunteer less or invite more from group members.

Finally, checking out the **desired response** sought by the parent may encourage active participation. Group members share stories, information, or situations for differing reasons. Sometimes it is simply a desire to talk, especially with other adults. Sometimes it is a desire for understanding—that is, to find out if others know and can empathize with what is being said. Still others want suggestions, alternatives, or input in response.

For the former two kinds of parents—those wanting to be heard or to be understood—offering problem solving will probably drive them up the wall. Similarly, to simply listen and provide understanding to the person desiring input is to offer too little. Checking with participants about what they want in response to sharing is to be respectful of them and increases the likelihood for the desired result. As with our own children, we too quickly offer problem solving when listening is all that is wanted.

The pause that refreshes the group leader is standing back and reflecting about a group process concern. If you feel stuck and can't see the forest for the trees, consult with a colleague. Gather with other parent group leaders for mutual development. Listen to yourself on tape. Use a variety of methods to enrich your group leadership. Musing about the quiet member is only one step.

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3. AUERBACH, ALINE. *Parents Learn Through Discussion.* New York: John Wiley & Sons, 1968.

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Contact: Ted Bowman, Associate Director, Community Care Resources, The Wilder Foundation, 919 Lafond Avenue, St. Paul, MN 55104, 612/642-4060.

Service Delivery, continued

9. Establish a broad base of funding. In addition to turning to the Hispanic community itself for support, reach out to churches, private membership organizations, corporations, and the numerous foundations in your area. Almost everyone is interested in improving family life, so try to make donors feel like friends of the family and partners in the program's work. Family Place publishes a professionally printed program newsletter, *The Family Album,* which is sent to all donors quarterly.

10. Celebrate! The "fiesta" is a gift from Hispanics to the world. Family Place celebrates every holiday of the year. Celebrations diminish loneliness, generate joy, and help participants share in the unity of Family Place. Each country's special holidays can be celebrated along with American holidays.

If I could add an eleventh commandment, it would be: Try it, you'll love it. All statistics indicate that Hispanics have, proportionately, a greater number of families with children than any other major group in this country. They need the contributions a family resource program can make, and I guarantee they will return a hundredfold what you give.

I recall the dialogue from the movie *El Norte* when a young Guatemalan immigrant looks at her brother and says, "We have no home. We cannot remain in our country because there we can be killed. We cannot remain in this country because we are hated and ridiculed. Maybe only in heaven will we finally find our home." My profoundest hope is that family resource programs can be heaven on earth for Hispanic families.

Joe Citro received a Master's degree in social work from Fordham University in 1976. For approximately twenty years, he has worked in the Black and Hispanic communities of New Jersey, Washington, DC, and New York. He has also been a lecturer at Catholic University in the graduate school of social work. In 1980, Joe became the first program director of the Family Place in Washington, DC, and remained in that position until 1986. He continues to serve as a member of the Board. During his tenure, Family Place was chosen one of the top twenty agencies in the capital area, received the Award for Outstanding Community Advocacy, and presented testimony to the House Select Committee on Children, Youth, and Families. Joe was also honored as one of the top ten Providers of Service to Washington's Hispanic community. Currently, Joe is employed by the Children's Aid Society as the Manhattan site supervisor of a court-based service program for troubled families.

Family Place is a member of the Family Resource Coalition.

Contact: Joe Citro, Children's Aid Society of New York, Room 1C-23, 60 Lafayette Street, New York, NY 10013.

Moving Beyond the Dream: FRC Tackles a National Agenda

by Linda Lipton

The Family Resource Coalition celebrated its fifth anniversary by hosting a dynamic national conference in September, 1986. The overwhelming positive response from those who attended reaffirmed: the need for focusing the nation on prevention services for families; the vitality of the family resource movement; and the importance of the Coalition's work. As one attendee stated, "The momentum of the family resource movement is definitively a force which will be felt throughout the country…and one which must be nourished and expanded in the months and years ahead."

To nourish and expand the family resource movement continues to be the major objective of the FRC. The Coalition has emerged in 1987 as an established national organization representing family resource programs in all fifty states and Canada. Members also include those interested in the development of these programs such as funders, policy makers, researchers, and individuals from a wide variety of health, education, and social service professions.

Only a dream several years ago, FRC is now able to undertake major initiatives that will help to strengthen family resource practitioners from coast to coast.

Stimulating Program Development

Expanding the number of family resource programs available to American families is a top priority for FRC. Projects are now underway to help spur the development of these local services.

1. Low Income Families Project. The Family Resource Coalition has recently received two-year funding from several private foundations to conduct a descriptive study of family resource programs serving low-income families. While many parents feel overwhelmed by their responsibilities, this situation is greatly exaggerated for families living in poverty. Children are deprived of basic physical needs and find themselves in a parent-child relationship that is under severe stress.

Family resource programs are attempting to ameliorate the negative effects poverty can have on the ability to parent. These programs serving low-income families generally fall into two categories: home-based programs providing one-to-one services through a home visitor, and center-based programs which tend to work with parents in groups. FRC's study is limited to the center- and group-based models that primarily serve adult parents, as scant information about their design and operation is currently available. With the increasing recognition of the needs of homeless and incarcerated parents, information on these programs will also be included.

FRC's initial hypotheses are that the programs successfully attracting low-income families: 1) have developed parent education techniques specific to this audience; 2) provide opportunities for informal social and peer support; 3) offer services in addition to parent education; and 4) are culturally compatible with the groups they serve.

The descriptive study will place particular emphasis on how these concepts are translated into program design and service delivery. A concluding chapter of the study will summarize these findings, describing how the programs are the same and how they differ, examining why similarities and differences occur, and discussing issues of program replication and evaluation.

2. Providing Professional Training. The concept of parent education has changed dramatically over the past decade. Based on the growing body of knowledge generated by research in child development, new theories of parent education and methods of service delivery have been developed.

Specific formal academic training and credentials are not yet available. In addition, family resource programs are relatively new and are staffed by people from many different disciplines, including social work, early childhood education, home economics, and a variety of medical fields.

A survey conducted by FRC revealed that many professionals are looking for assistance in order to design and implement parent education programs and parent support groups. The requests for information on training opportunities received by the Coalition on a regular basis confirm this finding.

This past July, the FRC offered its first Summer Training Institute at DePaul University in Chicago. Registration was limited to 100, and not all those who wanted to attend could be accommodated. Therefore, it is our hope to plan regional training experiences around the country on a regular basis.

Educating Many Publics about the Family Resource Movement

FRC sees its responsibility as being a key information center for a wide variety of audiences. Conferences, clearinghouse expansion, and literature dissemination will be primary vehicles for FRC in meeting the thousands of information requests it now receives annually.

1. FRC Second National Conference, October, 1988. In a new and developing field such as the family resource movement, opportunities to meet with colleagues, share problems and successes, and strategize for the future are imperative. In addition to stimulating interest among those new to the field, well-planned and highly publicized conferences are instrumental in promoting extensive media coverage and fueling public debate on the needs of parents and children.

FRC is committed to organizing a national conference for those in the family resource movement on a biannual basis, with our next event now planned for October, 1988 (see opposite page for details).

2. National Database Expansion and Refinement. The Family Resource Coalition maintains the only national clearinghouse of information on family resource programs. This database serves three major functions: it is the source for the FRC's national parent referral service; it provides a body of data for research; and it enables the Coalition to link programs and provide technical assistance.

During 1987 and 1988, FRC is conducting a systematic outreach campaign to locate additional prevention programs working with families. Hospitals, Army bases, libraries, public schools, mental health centers, and hundreds of other location types are being contacted to determine whether they provide family resource services. By conducting this broad nationwide search, FRC expects to increase information sharing among programs, assist program designers, and ultimately facilitate optimum services for parents and children.

3. Disseminating and Updating FRC Literature Resources. During its first five years, FRC developed a core library of written and audiovisual materials describing the work of family resource programs. Continued dissemination and periodic revision of these items is a key part of the Coalition's current agenda:

- A 15-minute video illustrating the diversity of American families and the ways family resource programs meet their needs for support and information.
- *The Family Resource Program Builder: Blueprints for Designing and Operating Programs for Parents.*
- *Building Strong Foundations: Evaluation Strategies for Family Resource Programs.*
- *Working with Teen Parents: A Survey of Promising Approaches.*
- *The FRC Report,* a 20-page periodical, offering practical and theoretical information on families and family resource programs.
- *Programs to Strengthen Families: A Resource Guide* (published in cooperation with the Family Support Project of the Yale Bush Center in Child Development and Social Policy in 1983), containing specific program profiles (now under revision).

In the coming months and years, FRC will be adding to and refining an agenda that is national in scope and aimed at strengthening families across the country. Having shaped a totally new organization from the dreams of its founders, FRC will now take the lead in making prevention services a reality for American families.

Linda Lipton, J.D., has been an advocate on child and family policy issues for 13 years. She was FRC's founding Executive Director, serving from 1982 until August, 1987. Ms. Lipton has been a staff attorney for the Children's Defense Fund, specializing in education law and institutional treatment issues; Director of the Better Government Association's Illinois Child Advocacy Project, concerning day care, foster care, and public school policies; a lecturer at Northwestern University School of Law; and a consultant and public speaker for numerous government and nonprofit groups across the country. Following her recent move to Atlanta, she has initiated a national consulting practice on family policy and nonprofit management and planning issues.

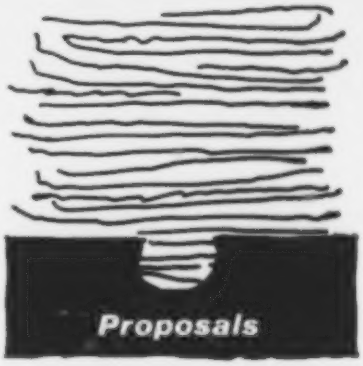
Contact: Lipton & Associates, 384 The Falls Court, Atlanta, GA 30307, 404/378-2687.

Conference

The Family Resource Coalition enthusiastically announces its second annual conference, October 6-9, 1988, in Chicago, at the Palmer House. The focus of this special event is on building a national agenda for families. We anticipate another very exciting and powerful opportunity to network, refine skills, plan actions, share ideas, and generally build impetus for the goals of the family resource movement.

In the next few months, the Conference Planning Committee will be making initial decisions for the program — balancing content, designing format, recruiting keynote speakers, and organizing various elements of the meeting.

Call for Papers



Proposals

At this time, we want to encourage submission of proposals for workshops and panels from members and supporters who would like to share information and experiences during the conference. Categories for presentation will include:

- ***Family Resource Program Models***
  Specific program descriptions that contain information on services provided, populations served, sources of funding, settings, program auspices and affiliations, unique delivery systems and techniques.
- ***Practice, Theory, and Applied Research***
  Discussion of service design and delivery issues having practical application for practitioners. For example, strategies for building parental self-esteem, empowering parents, respecting ethnic variables, developing program components from specific research.

Within the above areas of concentration, we are soliciting presentations relating to one or more of the following population groups:

- Adolescent parents
- Extended families
- Adoptive and foster parents
- Fathers
- Families with adolescents
- Families with school-age children
- Incarcerated parents
- Single parents
- Working parents
- Low-income families
- Prenatal and perinatal parents
- Special needs families
- Step and blended families
- Others

- ***Program Operation and Management***
  Administrative processes such as fund-raising, program development, and public relations applicable to varied program models.
- ***Advocacy and Public Awareness***
  Reports on parent advocacy actions at local, state, and national levels, plus descriptions of effective techniques and processes for promoting public awareness of issues impacting today's families.
- ***Evaluation of Family Resource Programs***
  Discussion of methods, rationale, outcome, and issues related to current findings.

Requirements for Presentation Proposals

To be evaluated, all proposals must reach the Coalition by November 20, 1987. Each proposal must include: name of presenter(s), presenter(s)' title, work and home addresses, phone numbers, and appropriate presentation category. An attached abstract of 250 words or less should indicate what subject/material will be covered in a specific, concise manner. Proposals should be designed to fit a 90-minute time frame.

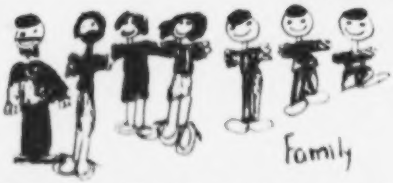
FRC will not combine presentations without permission of those submitting them; however, you may create your own groupings of presenters. Please note: presenters are responsible for their own registration fees and other expenses, and will need to provide their own audiovisual equipment (rentals are available from the hotel). Determinations on proposals will be made by February, 1988, and notifications by mail will follow.

Proposals should be mailed directly to: Conference Coordinator, Family Resource Coalition, 230 North Michigan Avenue, #1625, Chicago, IL 60601, 312/726-4750.

We want this gathering to reflect the compelling needs and broad-ranging interests of our members. Whether or not you submit a proposal, we invite and encourage your suggestions and recommendations.

About this issue

Alejandra Garrido, age 8



Editor's Note: Guest Editor Mario J. Aranda is an educator in the most exciting sense — supplying information, urging investigation, challenging assumptions. The FRC wishes to acknowledge, with great appreciation, his guidance in producing this special focus issue on Hispanic families.

As a noted expert in intercultural communications, Mario Aranda is a popular speaker and lecturer, and has been a consultant to the Ford Foundation and a variety of clients in the private sector including the Children's Television Network, the American Institute for Research, and Dick and Bert Advertising.

Mr. Aranda is the former Executive Director of the Latino Institute in Chicago, an organization exerting national influence on Hispanic research, advocacy, and training. He also served as the Illinois State Director of Bilingual Education. Named among the country's 100 most influential Hispanics by Hispanic Business Magazine, Mr. Aranda has often appeared in the media. He has hosted a weekly radio interview show on minority issues, and is actively involved in public life through Executive Committee membership with Chicago United, as a trustee of DePaul University, as Secretary to the Executive Committee of the Chicago World's Fair Authority, and the national board of the Mexican American Legal Defense and Education Fund (MALDEF). Mr. Aranda is a graduate of Brigham Young University and the University of Utah, and has taught at both Loyola University of Chicago and DePaul University.

Currently, Mr. Aranda is President of Aranda/Bechily, Inc., a communications group specializing in the Hispanic market.

Contact: Mario J. Aranda, Aranda/Bechily, Inc., 203 N. LaSalle Street, Suite 2500, Chicago, IL 60601.

■

The Illustrations: The drawings which appear in this issue offer a unique, child's eye perspective on Hispanic families. They were originally collected in a Father's Day Drawing Contest sponsored by WSNS-TV, Channel 44, a Spanish language television station serving the greater Chicago area. The entries, drawn by children age 3 through 12, were made available to the Coalition through the generosity of WSNS and its General Manager, José Lamas.

■

These national organizations can be contacted for further information and access to the broader Hispanic community.

Aspira of America, Inc.
1112 16th Street, N.W. — Suite 2900
Washington, D.C. 20036, 202/835-3600

Congressional Hispanic Caucus
House Annex 2 — Room 557
Washington, DC 20515, 202/226-3430

Consortium of National Hispanic Organizations
c/o COSSMHO
1030 15th Street, N.W. — Suite 1053
Washington, DC 20005, 202/371-2100

Cuban National Planning Council
300 S.W. 12th Avenue — 3rd Floor
Miami, FL 33130, 305/642-3484

Hispanic Policy Development Project
250 Park Avenue South — Room 5000A
New York, NY 10013, 212/529-9323

League of United Latin American Citizens
400 First Street, N.W. — Suite 721
Washington, DC 20001, 202/628-8516

National Council of La Raza
20 F Street, N.W. — 2nd Floor
Washington, DC 20001, 202/628-9600

National Puerto Rican Coalition, Inc.
1700 K Street, N.W. — Suite 500
Washington, DC 20006, 202/223-3915

Free copies of *A Guide to Hispanic Organizations,* published by Philip Morris in 1985, are available from the FRC. Send request and $1 postage.

Family Resource Coalition

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FRC REPORT
Design, DIANNE HANAU-STRAIN
Typography, KARR CREATIVE SERVICES
Printing, BOOKLET PUBLISHING CO., INC.

The Family Resource Coalition ***Report*** is published three times a year by the Family Resource Coalition, a tax exempt, not-for-profit organization. Yearly membership rates include the ***Report*** subscription. The content of this publication may not be reproduced without the specific written permission of the FRC. Copyright 1983 Family Resource Coalition. All rights reserved.

Founded by Family Focus

Family Resource Coalition
Suite 1625
230 North Michigan Avenue
Chicago, Illinois 60601

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Family Resource Coalition
Report
A North American Network of Family Resource Programs
Volume 6, Number 3 — 1987

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Family Resource Programs and State Policy:

A Challenge for the Next Five Years

by Frank Farrow

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In the past decade, family resource programs have emerged in many communities around the nation. Representing a new form of service provision to families, these programs share common aims of supporting families within their communities, and strengthening parents' capacity to care for their children.

In a few states, state government itself has fostered these programs. Illinois's Ounce of Prevention was a pioneer in family resource programming and has established a network of more than forty such programs. Maryland's Family Support Center initiative grew from state government's active leadership.

Missouri's Parents as Teachers program and Connecticut's Family Education and Support program are two other initiatives developed and sponsored by state government.

More typically, though, family resource programs have developed in local communities without state government help and usually with little financial support. In most ways, this represents a strength: family resource programs develop not because of a bureaucracy's decision, but because parents and neighborhood groups want the type of support they provide.

In the longer term, however, there is much to be gained by including family resource programs among state government priorities. For family resource programs themselves, stable public financing could alleviate the need for constant fundraising to replace one combination of time-limited grants with another. For state policy-makers, family resource programs offer an opportunity to reach families before crises and breakdown necessitate far more extensive and expensive services.

Most importantly, in becoming part of the major public service systems, family resource programs are more likely to have an effect on the vast public resources already devoted to families — for child welfare, mental health, income maintenance, child care, public health, and education — so that these other programs are more effective in supporting family functioning.

For all these reasons, the challenge for local and national leaders of family resource programs in the years ahead is to move these programs toward a more central role in state policy. Doing so will require an understanding of the factors that have impeded this development to date, awareness of the ways in which family resource programs can address state policy goals, and strategies for introducing family resource programs and principles into state policy deliberations.

Barriers to State Policy Development Around Family Resource Programs

There are several reasons why family resource programs have not yet played a major role in state policy.

As noted above, family resource pro-

Continued on p 2

State Policy, *continued*

grams have emerged as parents, community organizations, churches, day care centers, and concerned professionals have tried to do something about the difficulties families face today. This has meant that these programs have developed outside of the usual processes for state agencies' program and budget development. It has also usually meant that family resource program leaders do not come from a state agency background, and thus have not gone first to that arena for support. For family resource programs to play a policy role, these leaders will have to gain more knowledge of and access to the program and budget decisions of state government.

Philosophically, family resource programs differ from many of the human service programs that states already administer or support. Most state human services are problem-oriented. They come into play only after a family or a child has experienced an identifiable problem, usually in a severe form. This is particularly true of state mental health, child welfare, family service, and income support programs, all of which have mandates to serve families in crisis. (State public education and, to a lesser extent, public health programs have a more universal, less problem-oriented mandate.)

Family resource programs, of course, operate from a different philosophical base. Rather than focusing exclusively on families with problems, they seek to be available to all families. They view support not as something required only by families in trouble, but by all families at one time or another. They build on families' strengths, and are interested in increasing parents' capabilities to care for their children so as to prevent problems from occurring.

These differences in philosophy about services to families will have to be reconciled if family resource programs are to be supported and provided by states on a wider scale. What is required is state policy-makers' recognition that early support for families can head off some of the later crises that traditional human service programs must address.

The operational reasons that family resource programs have not become strongly established in state policy involve difficulty in documenting the programs' accomplishments. In most cases, programs were not evaluated closely during their early years. Many have had few enough dollars for program administration, let alone for the costs of evaluation. In addition, there are inherent difficulties in evaluating the complex types of behavior change for which family resource programs strive, i.e., improvements in parental capacity and self-esteem, in parent-child interaction, and in children's well-being.

In the absence of well-tested program models and measurable outcomes, state human service officials may be hesitant to aggressively promote family resource programs. New state initiatives must usually undergo exhaustive examination by program administrators, budget officials, and legislators. Many state officials, even those who believe in the effectiveness of family resource programs, may be unwilling to subject family resource programs to this scrutiny until more conclusive outcome data are available.

These barriers to state policy support for family resource programs appear formidable. Yet, as several states have demonstrated, they can be overcome. One state's experience provides useful examples of how this can be accomplished.

* * *

Family resource programs are potentially the leading edge for demonstrating the effectiveness of a new type of public responsibility for assisting families.

Maryland's Family Support Center Initiative

The State of Maryland's Family Support Center initiative is in its third year. It was begun as a partnership between the Maryland Department of Human Resources, two private foundations, and several local communities to provide a new type of support for young parents. The program began with funding of $400,000 in July, 1985, and had grown to a total of $1.3 million by July, 1987. State appropriations for the program had increased to $800,000; foundation funding had grown to $500,000 as three more foundation partners joined the effort.

Maryland's program uses a community drop-in center model. Most centers are targeted to adolescent mothers and fathers, but increasingly serve parents in their early twenties as well. (One of Maryland's first family support centers wasn't targeted to teen parents, but serves *all* parents with children under the age of three. This was done to ensure that the State's program did not lose sight of the fact that family support concepts can apply to all families.)

In developing and promoting Maryland's program, state officials deliberately adopted a different philosophy than that which guided other state-financed programs. "Family support centers represent our conviction that state government, in partnership with local communities and parents themselves, and private philanthropy must be out front in assisting young families," says Ruth Massinga, Secretary of the Department of Human Resources. "We know what happens if we wait for many of these young parents to discover, years from now, that they cannot care for their children. We're going beyond the State's traditional social service role and trying to provide critical assistance, now, to ensure that parents will feel more confident and have improved skills in raising their child."

Responsibility for developing and overseeing Maryland's Family Support initiative rests with Friends of the Family, Inc., a non-profit intermediary organization established for this purpose by the State and the local foundations. This organization guides program development in each new family support center, assuring core service and staffing standards are met. The individual centers, however, are administered in specific neighborhoods by community-based organizations, including an inner-city church, a community development corporation, a housing authority, a community action agency, a local school system, and a traditional private social service agency.

Knowing that the drop-in center model was experimental, Friends of the Family ensured that a comprehensive evaluation began with the program's inception. "All of the funders, including the state legislature, know that this program represents a new approach, especially in the use of public dollars," says Rosalie Streett, Friends of the Family's executive director. "An important part of their continued support is their confidence that the program's results are being well-documented."

Maryland's experience indicates that the barriers to making family resource programs a valued, highly visible part of state human service programming can be overcome. State officials can take a leadership role in conjunction with local community activists. A state's human service philosophy can be expanded to include active support of a family's ability to care for its children, rather than waiting until childrearing abilities fail. States can even overcome the lack of well-proven program models if new ventures are clearly defined and accompanied by a careful evaluation.

Success in other states also points to the feasibility of publicly supported family assistance programs, even if somewhat different approaches than Maryland's are taken. For example, Maryland based its initiative in its social service system. Other states might choose to develop family resource programs in the education system (as in Missouri's Parents as Teachers program) or in the public health system, where the "deficit model" of serving families is not so firmly entrenched. Maryland targeted its programs primarily to adolescent parents, knowing that these young families are at-risk in many ways, with the long-term goal of expanding service availability to a wider range of families. Other state-supported programs, such as Connecticut's Parent Education and Support Initiative, have begun by serving all young parents.

Thus, there are differing ways in which states can introduce family resource principles and programs into their human service policy. Regardless of the specific choices a state makes, however, certain factors will be important to the process.

Key Factors in Developing State Public Policy on Family Resource Services

1. States will have to re-examine the philosophy and premises that underlie their services to families and children. At issue is whether state governments are willing to take a more pro-active role in promoting the development of healthy families and in promoting the abilities of families to care for their children. In most states, this will represent a major policy shift. However, there are programmatic and political indications that many states are willing to consider this shift. In the past two years, a number of governors have avowed their intention to improve conditions for families. It now becomes the responsibility of family resource programs to show state governments they are an important vehicle for achieving this goal.

As states invest in family resource programs, these should not be seen only as services to be "added on" to existing state services. Instead, family resource advocates and state officials should assess which current state programs could better incorporate the principles of family resource programs. For example, school home visiting programs, visiting nurse programs, day care centers—all of which are already well supported by public funds—could incorporate family resource program elements by virtue of expanded training and supplemental funding. Introducing family resource practices into state policy in this way avoids the need for a new, wholly separate initiative—which may be impossible in some states.

2. Proponents of family resource programs should consider altering the usual pattern of program development to ensure that state government support is available from the beginning. At issue here is how to get states to take an active role in testing and developing family resource programs.

One strategy is to involve state officials personally in program development. In most successful family resource programs, leadership has been provided by several key individuals. Family resource advocates should seek to gain state decision-makers' commitment early on, so that the impetus for these services emerges from within state government as well as without.

A strategy that seems particularly effective at this early stage of development of family resource programs is to promote them through joint public-private efforts. The advantage of a public-private partnership is that financial responsibility and credit for the new initiative are shared. This strategy also helps ensure that family resource programs are not viewed as "just another state program" but instead are seen as part of a new and different response to the needs of families.

Finally, developing family resource programs in a way that incorporates them within state policy will require broadening their advocacy base. Family resource programs have the rare capacity to pull together advocacy and professional coalitions which reach across the traditional categorical fields to include mental health, public health, early childhood education, child abuse and neglect, teen pregnancy services, and family services advocates. A strategy of program development that marshals the clout of all of these fields has an increased chance of securing a place for family resource programs within the state policy agenda.

...the challenge for local and national leaders of family resource programs in the years ahead is to move these programs toward a more central role in state policy.

3. Program outcomes must be evaluated and documented. Initial state support of family resource programs can result from organizing strong advocacy support and making a persuasive case for the potential benefits of these programs. However, expansion of these programs into the mainstream of public services will require better documentation of program outcomes. Short- and long-term research on family resource programs must be increased, and program evaluation should be included in all publicly supported efforts. Evaluation is particularly important in order to assess service impact on those families most often deemed at risk by the public sector.

4. The long-term implications of family resource programs for state policy must be given systematic consideration. Introducing family resource programs more centrally into state policy has pitfalls as well as benefits. For example, few of the ideal program relationships between family resource programs and existing mental health, child welfare, adolescent pregnancy, and public assistance systems have been established. Under pressure to serve families of concern to public agencies, family resource programs designed for all families can be overwhelmed by seriously disturbed families.

Another danger exists in promising more than family resource programs can deliver. The growing and overdue enthusiasm of public officials for prevention programs should not be allowed to "set up" family resource programs with expectations for reducing family difficulties that no program could fulfill.

In light of these possibilities, the timing and strategy by which these programs are advanced into the public policy area is critical. At the local, state, and national levels, family resource program proponents must create forums in which program operators and state officials can jointly consider the policy implications of these programs.

Conclusion

Family resource programs are potentially the leading edge for demonstrating the effectiveness of a new type of public responsibility for assisting families. In philosophy and practice, they point toward an approach to families that promotes good child-rearing before problems occur. They can be productive in terms of both the human and fiscal outcomes sought by state government. In the next few years, a careful advancement of family resource programs into the policy agendas of state government could have major long-term consequences for the nation's human service programs.

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Life in a Parent Support Program: Research Perspectives

by Douglas R. Powell

Most evaluations of parent education and support programs have been designed to determine whether there is any *proof* of a program's effectiveness rather than to *illuminate* program processes. The focus of program research has been on outcomes, with little investigation of the ways in which programs function or how parents differ in their program participation.

The emphasis on outcome research is understandable. Funding agencies want to know whether limited financial resources are being used wisely. Fortunately, there is a growing body of research suggesting positive effects of educational and support programs for parents (for a recent review, see Powell, 1986). However, most existing outcome studies do not provide information that helps program designers make decisions about the kinds of strategies that will work with different types of parents. For this we need research on program processes.

In this article, I wish to make the case for process research by providing illustrations of the kinds of findings that can come from studies of how programs operate. My premise is that advances in the design and delivery of parent programs require research knowledge on how programs work. Decisions about matching program content and structure to the needs and characteristics of parents should be guided by research findings.

The illustrations offered in this article come from a series of investigations my colleagues and I carried out with a long-term educational support program for parents of very young children.[1] Our evaluation goal was one of illumination: We wanted to systematically examine the ways in which parents participated in the program over time. What types of conversations occurred in program meetings? What parent characteristics were related to different patterns of program involvement? What factors were associated with parents' early termination of program participation?

This article offers a brief summary of some of our findings. For each major finding noted here, I have included the reference to the original report of the research procedures and results. Interested readers are encouraged to consult these resources for study details.

Research shows that "kitchen talk", like this informal exchange, can be an important part of family resource programs. Photo: Rogers Park Family Network, an affiliate of Family Focus.

The focus of the research was the Child and Family Neighborhood Program (CFNP), which I established in 1978 while at The Merrill-Palmer Institute in Detroit. Developed in cooperation with the Wayne-Westland Community Schools, the program was located in a low-income, suburban Detroit neighborhood. Parents (mostly mothers) were recruited for participation when their babies were under 6 months of age.

The core of the program was a small, long-term discussion group of 5-10 mothers who met twice weekly for two hours. Paraprofessionals who were trained in child development and group processes took responsibility for the meetings, most of which were characterized by brief staff presentations and considerable discussion among participants. No determined set of topics or structured curriculum was used by the group; rather, discussions focused on topics of interest to group members.

The program was housed in a duplex renovated for program purposes. Children accompanied parents to the program, and a preschool was located on the premises for older siblings. Individual consultations were available through home visits for parents desiring staff involvement with social service or medical issues. A public health nurse and community outreach worker carried out most of these individual sessions. The program was funded initially by a grant from W. K. Kellogg Foundation. In 1981, administrative responsibility for the program transferred to the YWCA of Western Wayne County. (For a detailed program description, see Powell, 1987.)

The Value of "Kitchen Talk"

Most group- or center-based programs include a break time that provides an informal setting for conversation without the guidance or involvement of the staff. In the CFNP, much of the informal break time was spent in the kitchen, with mothers standing or sitting around a large table. In contrast, the formal meeting segments occurred in a living room, with chairs arranged in a large circle.

Over a 12-month period in the CFNP, there was a steady expansion of break time and a corresponding decrease in the formal meeting time. For example, in the first quarter an average of 18 minutes was spent in the mid-session break and an average of 58 minutes in the formal meeting. By the third quarter, an average of 29 minutes was spent in the break and an average of 44 minutes in the formal meeting. It appeared that mothers desired the informal "kitchen talk."

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[1] The evaluation work was carried out with enormous skill by Donna Cahill Solovey, Julie Kusiack, Diane McCallum, and Jeanne Watson Eisenstadt. The highly dedicated and competent program staff included Christine Boesen, Madeleine Schroeder, Eleanor LaRoy, Janet Trost, Mitzi Hoffman, Ruth Verdis, Terri Zwitch, Karen Boyd, and Mary Miller.

Given this pattern, an important question is whether the informal interaction in the kitchen played a positive role in the program. If a goal of a parent program is to provide individuals with new insight and ideas about children and parenthood, then it is useful to know whether the informal exchange of ideas among peers simply reinforces the status quo or offers perspectives that extend and perhaps challenge existing knowledge and beliefs.

Our structured observations of 101 group sessions over a one-year period suggest that the informal "kitchen talk" was not wasted time. It was as stimulating as staff-directed conversations in the formal setting. Non-routine conversation—that is, exploration of a topic in detail and/or in an atypical manner—occurred in 55 percent of the discussion sequences in the formal setting, and in 49 percent of discussion sequences in the informal kitchen setting. Further, the informal "kitchen talk" was a complement to the more formal group discussions; conversations about individual babies occurred with greater frequency in the informal setting than in the formal setting.

We cannot assume the frequency or content of non-routine conversations in the informal setting would have occurred without the staff-directed formal meeting segment. Discussions in the formal meeting may have been a stimulus for conversations during the kitchen break time. It does, appear, however, that the informal conversations were an important element of the group's experience. It seems worthwhile, then, for parent discussion groups to permit both adequate time and comfortable physical surroundings for informal conversations controlled by parents. (For study details, see Powell and Eisenstadt, in press.)

The Social Context of Parenthood

Our structured observation of group meetings uncovered another interesting pattern: discussion of parent-child topics declined in both the formal and informal settings over time. Decreasing from 44 percent in the first quarter to 18 percent in the fourth quarter in the formal setting, there was a similar decrease in the discussion of parenting in the informal setting.

What replaced the decreasing discussion of parent-child topics? Conversations about the larger social environment—extended family, marital relations, careers, jobs, neighborhood, crime, community services, housing, and the like—increased in frequency of occurrence in both the formal and informal settings during a 12-month period. Discussion of topics related to self (e.g., birth control, weight control, hobbies) also increased as did topics related to the business of the parent group.

This finding points to the need for parent education materials on the social context of parenting. While parent education curricula traditionally have dealt with child development and management topics, in the CFNP group (where parents' interests and needs determine the issues), there was a clear movement toward discussion of what Bronfenbrenner (1978) has called the "conditions of parenthood." Topics such as work-family interferences, managing relations with child care providers, and the impact of the child on a marriage need to be included in model parent programs concerned with the "whole parent."

There also needs to be adequate preparation of program staff in dealing with topics related to the context of parenthood. If the topical shifts we experienced in the CFNP occur in other long-term programs, it seems necessary for staff training programs to include significant attention to the larger contexts in which parents function. (For study details, see Powell and Eisenstadt, in press.)

The Benefits of Social Comparison

Experienced workers in parent group programs are aware that the opportunity for social comparison is a key reason parents join and participate in group sessions. It is common for parents to indicate that a major benefit of program involvement is "learning that others have experiences similar to mine." Hence, we were not surprised to discover that parents in the CFNP eagerly reported their child-rearing experiences to fellow group members. However, our research pointed to an unanticipated but important "outcome" of this type of verbal behavior in a group meeting.

In our longitudinal examination of processes of program participants, we learned that the reporting of personal experiences—what we called narrative behavior—was significantly related to subsequent feelings of closeness to group members. Specifically, participants who described their experiences with child rearing and parenthood in the initial months of group life were more likely to report a sense of being well-connected to other group members by six months of group involvement. (For study details, see Eisenstadt and Powell, 1987.)

Increasingly, a primary goal of parent programs is to foster supportive personal relations among program participants. Our data provide empirical support for the program practice of encouraging parents to report their experiences with parenting tasks and issues. One "outcome" of such discussions seems to be the development of ties among program peers.

The Role of Environmental Stress

Not all parents respond in similar ways to the same parent program. A challenge facing evaluators is to identify parent characteristics that are predictive of patterns of program utilization. This type of information can help program designers organize content and structure so they match the needs and characteristics of parents. Our study of participation patterns revealed that environmental stress was a major predictor of program involvement.

Not surprisingly, mothers experiencing acute environmental stress (including life event stress and everyday stress) received more individual consultation from staff members and had lower levels of attendance at group meetings than mothers with no acute stress. The striking finding is that mothers with acute stress exhibited a delayed integration into the group that followed, by about six months, the pattern of mothers without acute stress. Mothers without acute stress engaged in narrative behavior (see above) in the early months of group participation that was significantly related to close interpersonal ties with group members at six months.

For mothers with acute stress, both group attendance and verbal participation were low in the initial months of program involvement. However, narrative behavior at six months of program participation was related to close interpersonal ties with group members at twelve months of program participation. Moreover, for the acute stress mothers there was a positive relationship between individual consultation with staff and verbal participation in the group. Apparently staff help within a one-to-one context contributed to increased talk in the group.

It appears, then, that mothers experiencing acute environmental stress are able to make use of a peer group format, but their involvement will come about slowly and most likely will require individual consultation for assistance with more pressing problems. Perhaps the introduction of individuals experiencing high levels of stress to a peer group format should be postponed until critical environmental problems are stabilized to the point where the more diffuse resources of a group can be tapped.

Who Terminates Early?

Most program workers are curious about the reasons why some parents terminate their involvement in a program sooner than anticipated. In our study of the CFNP, we attempted to identify characteristics of short-term (less than 6 months) versus long-term (more than one year) participants. Compared to long-term participants, the short-term participants were found to have less involvement in the community, a fewer number of nearby friends and relatives, and less instrumental help from their own parents. They also were likely to have only one child, whereas long-term participants often had more children. (For study details, see Powell, 1984.) These findings support the idea that supportive family ties may be an important

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A Halloween Fundraiser Benefits New Orleans Parenting Center

BOO AT THE ZOO

by Peter Silvern

Fundraising can be, as any nonprofit agency knows, the most important activity undertaken to stay afloat. Though special events such as garage sales and auctions flourish as a short-term answer to financial woes, the profits don't compare with those of a successful hellzapoppin' spectacular.

Five years ago, The Parenting Center (TPC) of New Orleans initiated a fundraising event that combined a safe alternative to Halloween on the city streets with a need to call attention to their parent education services.

TPC is a department of the 153-bed Children's Hospital complex located near the Mississippi River. A resource, support, and referral center for families with children from birth to adolescence, TPC is a vital part of Louisiana's most comprehensive medical facility for children.

The TPC fundraiser, originally called SPOOKTACULAR, was a nighttime event assisted by the Junior League and aided by five years of in-kind contributions from Children's Hospital. SPOOKTACULAR is a fine example of the effectiveness gained by repeating the same special event year after year. By building on their experience, TPC has created a solid foundation of recognition, funding, and volunteers.

In the beginning, SPOOKTACULAR was a modest event. Held on the Children's Hospital grounds, TPC invited area residents to bring their children for an evening of fun. They offered rides, games, and activities for children from toddler to six years of age. TPC, keeping with tradition, even erected a variety of trick-or-treat housefronts so children had doorbells to ring.

As each successive year proved more enjoyable for families and more profitable to TPC, the event's popularity drew larger and larger audiences, bigger donations, and an increasing number of volunteers. SPOOKTACULAR became TPC's major fundraiser and *the* place to be on Halloween night.

For several years, SPOOKTACULAR has been a 1200-ticket sold-out event. Feeling the time was ripe to take some risk, TPC has expanded the depth and scope of the production in 1987 by joining forces with their nextdoor neighbor, the Audubon Park Zoo. SPOOKTACULAR will be transformed into BOO AT THE ZOO, with anticipated sales of 4,000 tickets. Profits from food, games, and day-of-ticket sales will be split between TPC and their zoo friends.

The adventurous expansion of this Halloween treat would remain not much more than a good idea without the aid of scores of volunteers. Drawn from every facet of New Orleans's diverse culture, 150-200 people will participate. Representing service organizations which include local business people, sororities and fraternities, and a high school senior class, they will provide the support for planning, entertainment, publicity, soliciting funds for and cleaning up after the event.

BOO AT THE ZOO promises a night of unabashed fun for families with children through the age of twelve. Beginning at dusk, there will be a special pre-event party for the patrons, and then the general public will join the festivities in a swirl of costumes and lights. This year, families will enjoy sixteen Trick-or-Treat Houses, game booths, stagecoach rides, a spook house, food and beverages, magicians, jugglers, puppeteers, music and art activities, and a spookride through designated parts of the zoo.

The bottom line of course will be the success of the event as a money-maker. For 1985 and 1986, the figures looked like this:

	1985	1986
Underwriters	$10,875	$12,375
Patrons	8,380	8,935
Ticket sales	3,382	3,958
Food, games	1,711	2,594
TOTAL	$24,348	$27,862
Less expenses	-1,947	-4,000*
PROFIT	$22,431	$23,862

* *including a 2-year supply of T-shirts*

Weeks prior to the 1987 BOO AT THE ZOO, TPC has already banked $30,000 as a result of underwriters' and patron contributions. TPC anticipates a $5,000 increase in profit despite growing expenses for their expanded event.

The success of the underwriter and patron campaign is key to the generally optimistic view of this year's Halloween night. Asking for contributions of $300-1,000 TPC offered underwriters a choice of incentives, from sponsoring up to twenty children from the donor's choice of charities to attend the event, to displaying the name of their business on a Trick-or-Treat House, or placing the donor's name on a headstone in the "cemetery." For individual patrons, TPC created contribution categories of Great Pumpkin, Witch and Warlock, or Ghostbuster, all of which included free tickets to the evening's celebration.

By the time this article appears, BOO AT THE ZOO will have taken place. The organizers and volunteers will have met at The Parenting Center to assess what worked and what did not, and the planning for 1988 will begin almost immediately. In May, a rigorous schedule of meetings will determine, among other things, the type of stationery and invitations to be used, what the sponsor packets will include, the decorations, fundraising strategies, etc.

TPC has a simple message to bring to the greater New Orleans community. They are founded on the principle that parenting is not instinctive, and many facets of parent education are needed by families in a changing society. In order to be effective in their program delivery and meet rising costs, events like BOO AT THE ZOO, with its ability to raise needed funds, assumes primary importance.

But there is more that TPC stands to gain beyond the immediate benefit of income. BOO AT THE ZOO offers an event unlike anything else the children of New Orleans can attend, and links a continuously growing number of families to The Parenting Center's programs. The children's anticipation for next year's spectacular is an added bonus, and may only be eclipsed by their parents' enthusiasm for volunteering, contributing, and encouraging others to participate in another first-rate celebration.

IT'S A SPOOKTACULAR

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Pulling Together — My Kids and Me

A Workshop Series for Parents in a Shelter for the Homeless

by Nancy Johns and Catherine Harvey

A new and growing segment of America's homeless population is emerging. Less obvious than the park and alley dwellers who have become so visible, entire families are living temporarily in shelters. The Department of Human Services in Philadelphia, for example, estimates that on any given day, 350-400 families (including nearly 1,200 children) are without a home.

The reasons for their homelessness vary. Some are victims of abuse, others suffer chronic or sporadic joblessness, while many are forced to compete for a shrinking pool of low-income housing.

In 1985, Gary Deckert, Director of the Salvation Army's Red Shield Residence, a shelter formerly serving only single, homeless men, met with us at Philadelphia Parenting Associates to discuss the changing population he was being called upon to serve. Describing families with newborns and young children who now lived in the shelter facility, he spoke of his frustration with trying to effectively meet their needs.

The effects of homelessness on children, he noted, were serious and a source of great concern to the staff and parents. While living in the shelter, children had more tantrums, became more aggressive, started to wet the bed, had problems sleeping, and became more dependent on comfort measures, such as thumb sucking, clinging to blankets, etc. In addition, these changes were occurring when parents were already feeling overwhelmed with the demands of daily living, and needed their children to be more cooperative and less demanding.

Mr. Deckert was also concerned about how his staff, many of whom had little or no experience with children, were managing with this new set of circumstances. They tended to label parents as being too easy or too harsh, and were uncertain about how to intervene when a parent lost his or her perspective with a child.

After our discussions, Mr. Deckert decided to allocate funds from his operating budget to have us consult with his staff. Together we created a program with three components: a series of workshops for parents, a program to care for the children while their parents attended the workshops, and in-service training for the residence staff.

The series of workshops have several goals: to bring the parents' expectations of their children closer to what is realistic for their ages, to discuss the special concerns of caring for children under the difficult circumstances of a temporary shelter, and to strengthen the participants' self-esteem by affirming positive parenting behaviors.

The series consists of four workshops, each a structured hour of group activities, with fifteen additional minutes at either end for informal or individual work with parents. The content is presented through exercises, games, and small group discussions focused on eliciting the parents' ideas about child development and management. Parents quickly become engaged in peer support and education, often relating their own experiences both as children and as parents.

The content for each session is introduced differently. In the first meeting, we use large photos of children exhibiting a variety of behaviors. Parents guess the ages of the children as a vehicle for discussing age-appropriate behaviors. In the second session, parents work in pairs on a communication exercise dealing with giving and receiving instructions. During the third session, parents are asked to respond to the question, "When are you most likely to get angry with your kids?" Their answers give us a basis for fully discussing angry feelings and how parents can and do cope with them. In the final session, we use a listing of community resources to air concerns, questions, and share experiences of asking for and using help.

Attendance at the first meeting is compulsory; subsequent sessions are left to the parents' discretion. To keep them involved, we offer incentives of gifts and small prizes. Parents who attend three or more meetings are awarded passes to the zoo and a local children's museum.

Many parents, we discovered, fear "the system" that might place their children in foster care. Therefore, establishing a bond of trust between the parents and the facilitators is an implicit goal and fundamental to the success of the program.

The childcare component is a critical part of the program for families. It permits parents to attend the meetings without distraction, gives them a short break from child care, and even more importantly offers them a planned, positive separation from their children — often for the first time. Caregivers also use the opportunity to observe the children, taking note of any developmental delays or other problems.

Two or three workshops with the Residence staff are held during the year. The goals of these sessions are to keep them informed about the work being done with the parents, increase their knowledge of child development, and to enhance their ability to interact with parents in helpful and constructive ways.

These staff workshops are designed to build on actual situations from the shelter, and include group problem-solving exercises, as well as role playing and small group activities.

Conclusion

There have been many opportunities to affirm and support parents in the Red Shield Residence. Their frequent comments that they feel "good" and "better," and their increasing ease and honesty in group discussions attest to the fact that they have identified some of their strengths as parents. In having acknowledged their strengths, there is a willingness to discuss their tremendous areas of need and uncertainty.

At the end of each workshop session, parents are asked to complete the phrases, "I learned..." and "I feel...." One parent, barely able to read or write, responded by saying "I learned me and my kids have a lot of love to share."

Her awareness, gained under painful circumstances, reinforces our belief about the normal needs of shelter families and the possibilities of a prevention oriented approach to meeting those needs.

Nancy Johns, Ph.D., is co-founder and President of Philadelphia Parenting Associates, an organization providing education, training, and consultation services to professionals who work with parents of young children. Dr. Johns was also founder and Director of the Family Center of Franklin Maternity Hospital (formerly Booth Maternity Center). She has written several books and articles and served as specialist, advisor, and consultant to public and private educational systems. She has also worked in Central and South America on child and family issues.

Catherine Harvey, MSW, is co-founder of Philadelphia Parenting Associates. She conducts workshops, seminars, and program development services in hospitals, childcare programs, social service agencies, and employee assistance programs. Ms. Harvey was formerly associated with Franklin Maternity Hospital and the Pennsylvania Department of Public Welfare. She is the author of several books and articles.

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Philadelphia Parenting Associates is a member of the Family Resource Coalition.

Village and Family: Strengthening the Bond Through Caring

by Don Shircel

The American Indian people are a family. Family is really what a tribe is all about. A tribe is a collection of families in which everyone has accepted duties and obligations to different people, and people operate in that kind of context. The Indian family is in a lot of trouble, and that means that Indian people as a whole are in a lot of trouble because a tribe simply cannot withstand the disintegration of its families. The family is the tribe, and it is this kind of relationship that keeps people going.

Gerald Thomas Wilkinson (Cherokee)
Executive Director of The National Indian
Youth Council, Albuquerque, NM

Wilkinson proposed that the most striking thing about many present day Indian communities is that the people in the community rarely run them. In his presentation to the Board of Directors of the Family Service Association of America, he pointed out that:

In a small tribal community, people are interdependent; everyone has a function and everyone has a role to play, and that's what keeps the people together and forms a community. When outsiders run things, suddenly no one in the Indian community has any function or role because everything is controlled by outsiders. As a result people tend to be worth little or nothing to each other. (Wilkinson, 1980)

This situation, along with the cultural bond that integrates the Native community and Native family into a single system, necessitates an approach to the delivery of social services that focuses on empowering both the community and the family at the same time.

■ The ice has gone out on the Yukon. In a small isolated village, a woman and her husband are finishing their supper of duck soup. The phone rings, and a girl's voice on the other end is hesitant, but she announces proudly that she's made a pot of duck soup and was wondering if her older friend would like to come over for some. "Duck soup? I'd love to. How nice of you to ask." With a nod and a smile to her husband, the woman puts on her jacket, walks out the door and down the road for a second supper of duck soup. The days are longer now, and before the evening is over, she and the young girl will have shared lots of talking, lots of soup, and an evening with friends at village Bingo. Hospitalized after a suicide attempt, this is the first time the girl's motivated herself to cook or leave her cabin since returning to the village. Tomorrow the two women plan to get together, do some sewing, talk, and probably have duck soup. ■

The older woman is the primary link of a village-based family service delivery system being developed by the Tanana Chiefs Conference (TCC), a consortium of 43 Native villages in Alaska's Interior region. The system utilizes local volunteers and natural helpers who are trained as members of a Village Response Team to develop and coordinate social services for village families experiencing problems. The Tanana Chiefs Conference developed the concept as a result of a child welfare survey in which an overwhelming majority of village respondents identified a need to directly involve village residents in the provision of services to families.

The system is designed for each Village Response Team (VRT) to consist of respected local individuals who are selected upon the recommendation of their village council. VRT members work in conjunction with the Family Service Specialist from the Tanana Chiefs Conference field office serving their area. Through this Family Service Specialist, VRT members receive information and referral services, technical assistance, and are supported by weekly telephone conferencing.

Each VRT member accepts a caseload that includes one or more families experiencing problems. The VRT member regularly visits her/his assigned family to talk about concerns and to provide needed support. These visits are discussed each week over the telephone by the VRT member with the TCC Family Service Specialist. Where necessary, specific professional consultation is available to the VRT member to help her/him prepare counseling strategies.

A centralized Project Case Manager arranges professional consultantships, case staffings, and coordinates the technical logistics of case teleconferences. Over the course of a year, the TCC Family Service Specialist meets with the respective Village Response Teams to formally review cases and to address VRT training needs. A project budget allows VRTs to attend other training opportunities they feel are needed by the team.

The Village Response Team concept grew out of a recognition that it is virtually impossible for existing, centrally based social service agencies to provide adequate or timely response to the 10,000 people scattered throughout 235,000 square miles and 43 villages in Central Alaska, an area substantially larger than the state of Texas.

■ At forty below in the dark of winter, it feels warm and secure to be with family and close to the hearth of home. A mother and child are staying at a women's shelter in a large city hundreds of miles from the family and friends of their village. Shelter staff insist that they not return home until the perpetrators are apprehended. The troopers haven't been able to complete the child sexual abuse investigation because they're understaffed, and weather conditions don't allow for them to fly out to the trapline where one of the alleged perpetrators is said to be.

The multiple abuse of the six-year old child has shocked the community and will leave permanent scars on the victim for life. Mother has received some services from the shelter staff to better understand her responsibilities and the skills necessary in parenting and protecting her child. Both mother and child have received counseling from the Indian Health Service psychologist working along with the State Division of Family and Youth Services who took emergency custody of the child. All parties are concerned with the safety and well-being of the child, and question the psychologist's recommendation that they be allowed to return to the village. The psychologist agrees that the sporadic village contacts of the itinerant mental health professional and the State Social Services field staff are not sufficient assurances for the child's safety and well-being. The village council is contacted by the VRT case manager and together they form a Response Team establishing commitments from the village public safety officer, school personnel, uncles, aunts, friends, and council members, to regularly monitor the household and provide ongoing support to family members in their efforts to maintain a secure environment for the child. The individual commitments are formalized into a comprehensive written service agreement, signed by all participants and submitted to the Division of Family and Youth Services who accepts the plan. The mother and child board a small plane which carries them back to their village. ■

With the exception of a handful of field offices minimally staffed by itinerant personnel, most social service professionals are centered in the region's only urban area, sometimes 300 to 400 air miles away from the villages they serve. Distance, accessibility, costs, and weather cause problems identifying troubled families, delivering services, and providing follow-up.

Confronted by the additional fact that most professional social workers know little about the realities of Alaskan village life, many agencies have begun to appreciate the more culturally appropriate, more cost-effective attributes of the village-based resources that are being identified through the VRT project. Even without formal training, villagers are better at client identification since they live in the village, better at case histories since they

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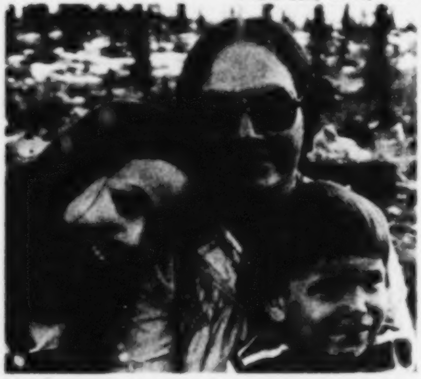
WILKINSON, J. T. *Social Casework: Journal of Contemporary Social Work* (October 1980), 451-4 have grown up with clients, and better at follow-up since they can monitor on a daily basis. Utilizing traditional cultural values of self-help and self-sufficiency in their approaches to family problems, VRTs are proving their abilities to quickly mobilize existing village resources.

Photo: Courtesy of TCC

■ It's the first salmon run. The snow and rain of previous seasons have rotted a hole through the plywood board that leads from Jerry's door to the ground, allowing him to maneuver his wheelchair into the mainstream of village life. Jerry's Aunt Dora stops by regularly to help him keep the place up and tries to motivate him to do more for himself. "Aren't you going to get me coffee? I'm your aunt. You're always supposed to treat your guests with respect. Go over there and put on a pot of coffee while I help straighten this place up!" Jerry's been drinking a lot since the accident. He doesn't go out, and mostly spends his time with friends who come over to party at his house. Dora's asked the VRT program for advice because Jerry's health is deteriorating and she's afraid he'll hurt himself if he goes on this way.

There's a second wheelchair in town today. It belongs to someone from an Independent Living agency 200 miles away from the road-connected village Jerry lives in. He met with Jerry and later talked with the village council chief, Dora, the health aide, and the VRT program staff who called the meeting. They all listened as the visitor laid out his plan on what must be done. Someone will need to purchase lumber and material. The ramp must be torn out and replaced by one with railings and a specific grade according to federal guidelines. Ramps need to be installed around the village to allow Jerry access. Alcohol counseling should be provided by the area mental health agency. When Jerry demonstrates an effort to stop drinking, homemaker services should be arranged. Once he's maintained his sobriety, services of the Division of Vocational Rehabilitation might be considered to provide career counseling and job training. Adaptive sporting equipment should be purchased by someone so Jerry can participate in some sort of recreational activity.

Photo: Judy McReynolds



Afterward, the VRT went over to Jerry's house, talked, drank coffee, and came up with some plans of their own. The meeting broke up after about an hour. The Village Council Chief returned that evening, and as he hammered the last nail into the plywood patch that now covers the hole in Jerry's ramp, he thought, "Maybe I could take Jerry out on the lake for grayling. I could knock the legs off an old arm chair, strap it to the seat of the boat, and get help to carry him down the bank . . . and they're looking for someone to man the phone at the council office for a few hours a day. I wonder if Jerry'd be interested."■

The members of the Village Response Teams currently being developed in Alaska's interior regularly demonstrate village ingenuity and the influence of traditional Native values in their work with families. Self-sufficiency, community cooperation, caring, sharing, and respect for elders are qualities valued by many Native people and apparent in the composite case vignettes of the Village Response Team Project.

■ The leaves have turned and it's getting colder again. Erik, the cook for the Elders Nutrition project, called the VRT project director last week to say he was going, so families and relatives would have to make sure their elders were eating well. The elders know where Erik went. They understand. They appreciate his efforts and the respect he shows. Daughters, sons, and grandchildren stopped coming over to Erik's kitchen to pick up the foil-covered dishes of food.

The small village on the Lower Yukon is one of many in the region that participates in a federally funded Indian Elder Nutrition program. Cooking facilities, fish, and game are contributed locally to stretch their share of the $80,000 received annually by the VRT project to provide social services to 43 villages and nutritious meals to elders in 17 villages. An abundance of Yukon River salmon, beaver, muskrat, ducks, and geese supplement the food budget and provide the project with a varied menu. Tomorrow, and for some time throughout the winter, the elders will eat well-balanced meals with big pieces of moose meat in each dish. At one-third less fat and one-third more protein per pound than any store-bought red meat, it will truly be nutritious. Tomorrow, the daughters, sons, and grandchildren will stop by Erik's kitchen to pick up the foil-covered dishes of food again and deliver them to their elders. Erik came back today. He "got" a moose and he's busy cooking.■

Cognizant of the categorical statistics of the incidence and severity of problems that are used by others to describe the condition of modern day Indian life, the Village Response Teams go about their daily routines of "helping" with an entirely different perspective. The services they provide are family-centered because, to them, Indian people are a Family.

People often assume that Indian tribes and people are going to disappear themselves or will be forced to disappear because they are unable to deal with poverty, and that being poor is somehow synonymous with being an Indian. It is difficult to understand how this notion began, because a tribe is certainly nothing less than a big self-help organization that is designed to help people meet the psychological, spiritual and economic needs of its members. (Wilkinson, 1980)

Don Shircel is the Director of the Family Services Department of the Tanana Chiefs Conference and is an active advocate for family-centered service programming in Native/Rural Alaska. He lives just outside of Fairbanks with his wife and three children and has spent the last seven years involved with community-based program development and administration.

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Adoption

An Overview

by Lois Gilman

We're thinking about adopting an infant. We've been told that's impossible, but a friend suggested that we call you. Can you help?

That was our first question about adoption nine years ago, and it's probably the most common question asked of adoptive parent support groups and adoption agencies across the country. In our case the answers that we got—from other parents, from agencies, and finally from a parent support group—led, in time, to the adoption of our son, Seth, from Chile and then of our daughter, Eve, from South Korea. Along the way we dealt with the frustrations and anxieties that often go with becoming an adoptive parent. Today, we are the ones who answer the adoption questions—those our children have about themselves and those asked of us by friends, relatives, and teachers.

In the following sections, I am going to sketch out for you some of the concerns shared by adoptive parents—that is, by people who adopt children who are not related to them. It would be nice if I could start by citing some current statistics about adoption. They don't exist. Observed a government statistician in 1984: "The federal government has been out of the business of keeping track of adoptions for almost ten years now. We know how many hogs are in Illinois, but we don't know how many children are adopted. We have no idea of the total number of adoptions in the United States today." That picture hasn't changed in 1987, although Congress has passed legislation to get the government back in the adoption statistics business.

You must also be aware that there is no one prescribed route that people follow on their way to becoming adoptive parents. Families seeking to adopt minority children, older children, or children with special needs usually adopt through agencies, as do most of the parents who adopt from abroad. While some agencies do place white infants, in states where "independent" or "private" adoptions are legal (all but six states), families looking for healthy white newborns may well pursue other means—relying on the help of lawyers and obstetricians, mailing out resumes to doctors, or placing "Baby Wanted" advertisements in the classified sections of newspapers.

What all prospective adoptive parents share is the need to discuss their feelings about adoption, to make informed decisions, and to build their own adoption network.

Feelings about Infertility and Adoption

While some adoptive parents do not start with a history of infertility, many do. These couples must focus on how the infertility experience has affected them and deal with their feelings *before* they adopt a child. They must be clear that adoption is not second-best but rather an alternative way of family-building.

When couples call for advice, I always ask about their fertility history. While I would never urge someone to do just one more medical test, I have talked with couples wanting to have a baby who have never had a fertility work-up. Couples should do some basic reading about infertility and receive a comprehensive medical evaluation by separate specialists in both male and female infertility. Couples grappling with infertility should also be encouraged to seek out a support group, such as RESOLVE.

People struggling to become pregnant often feel depressed, overwhelmed, guilty and cheated, since the failure to produce a biological child is a major loss and a blow to one's self-esteem. Sometimes one partner wants to keep "trying" while the other wants to pursue adoption. It's not uncommon for people to inquire about adoption while they are actively involved in a course of infertility therapy and then keep their adoption plans on hold. I've gotten follow-up calls months and even years later. That's part of the decision-making process.

Making an Adoption Plan

As people start to think seriously about adoption, they begin to come up with basic questions. They are no longer worrying whether they can "love an adopted child," but are focusing instead on finding a child. They now have to determine:

- the kind of child they hope to parent: Do they imagine themselves the parents of an infant, of twins, of older siblings? Do they think that a child of a different racial or ethnic heritage will be accepted in their family and community?
- the various options that are possible for adopting the child they have in mind
- the process that they will follow in order to locate a child and how long this is likely to take
- their flexibility on various adoption issues: can they imagine parenting a child with a disability?
- their financial status

There's also the language of adoption and the intricacies of the process itself to master. The adopter has to learn about home studies (a write-up of the prospective adopters), photo-listing books (published by the states and containing photos of children in need of adoptive parents), notarization (required for foreign documents), paperwork, and open adoption (where the birth parents and the adoptive parents meet).

Reading about adoption in an information book such as *The Adoption Resource Book* gives people an overview of issues as well as specific resources. But most prospective parents will also want to talk with adoptive parents, agencies, social workers, even lawyers.

Most prospective adopters usually call local adoption agencies early on. While information may be forthcoming, sometimes these first inquiries are discouraging if the agency does not place the type of child the caller seeks. Adoptive parent support groups are therefore a vital link since they hold meetings, staff hotlines, and publish newsletters. Their members know the local resources that are likely to prove fruitful. Some groups offer orientation courses and many sponsor adoption conferences during National Adoption Week (the fourth week in November).

But parent support groups are not the only resources that people can utilize. In some communities you'll find that local colleges, neighborhood Ys, and parent education centers run adoption information programs. In metropolitan New York, some social workers even offer their own special advisory services for a fee.

Building an Adoptive Family

The wait—all adoptive parents have to go through it, whether for a few days, a few weeks, a few months, or years. Waiting is a critical part of adoption: children wait for homes; parents wait for children. When all the paperwork is done, when all the preliminaries that are necessary to make an adoption happen are ended, people may still have some waiting to do.

Now is the time that they focus on other matters: for example, leaves of absence (in many businesses there are no guaranteed parental leaves for adoption), health insurance (coverage for an adopted child is not automatic), and finding a doctor for the child.

Parents waiting for a baby may want to enroll in an infant care class but feel uncomfortable in the childbirth education class where everyone else is talking about due dates. While waiting, adoptive parents want to talk about layettes and nursery furniture; they also want to know what to respond when someone asks them about their "labor."

Families who are adopting older children need to think about ways to help their children make the transition, how to establish household rules, and what to communicate to the school. They need to consider whether to change a child's first or surname. Parents awaiting a foreign adoption want to find out about the culture that the child is coming from. Are there particular child care practices, such as carrying an infant on the back, that the child will be accustomed to?

Finally, the child arrives and there's a time of transition as the family unit gels. Of these sometimes difficult early days and weeks, one mother remembers:

"He was two years old when he arrived from South Korea. The day after he came, we were in a restaurant. I got ready to order breakfast for my two kids—Carol, my two-year old birth daughter, and John, my new son. I knew what to order for Carol, but I had no idea what to order for him. I felt terribly inadequate."

As this mother realized, the adoptive parent may have doubts as she tries on this new role. The children, whether they are six-month old infants or teenagers, also have an adjustment period to go through and are likely to experience grief and disorientation. The adjustment process may take days, months, even years.

As the family comes together, they may want to reach out—to friends, relatives, other adoptive parents, parent groups, their agency, social service resources—for help.

The Special Issues of Adoptive Parenting

Mommy, I love you! You're such a great mommy. But the kids at pottery class say that you're not my real mommy.

The words that every adoptive parent knows will some day be spoken had been said. My daughter, Eve, then proceeded to tell me: "I told the kids that the parents who take care of you are your real parents."

Eve may not always have a ready answer to a classmate's teasing, and there's no doubt that the subject will concern her in years ahead. Growing up adopted is not easy and parents must help their children answer questions about their identity. We must also get others outside our family to understand what it means to be adopted.

Most experts agree that children have to know from an early age that they are adopted and that their parents should do the telling. Yet parents must also realize that their preschooler does not understand the difference between being born into a family and being adopted. What to tell, when to tell it, and how to convey this information thus are central concerns of adoptive parents, since the "telling" is a lifetime process of sharing information about family building.

What are some of the other concerns that adoptive parents have? To list a few:

- How can we help our child build his/her self-esteem?
- How can we foster our child's racial identity?
- Is our child's current behavior linked to her feelings about being adopted?
- How do we help our child talk about some of the unpleasant aspects of his past?
- Should we permit our child to have contact with biological relatives?
- Should we encourage our teenager's desire to search for her birth parents?
- What do we say to people who ask us about our child's real parents or tell us that it's wonderful that we took this child?
- How do you handle adoption issues in a family when one child is adopted and the other is not?

The Need for Post-Adoption Support

It's hard enough growing up. Being 'other' isn't funny.

While those words were spoken by a transracially adopted youth at an adoption conference, the sentiments expressed are shared by many adopted children. Children have a need to be "like" their friends and being adopted sets them apart.

Today, parent groups, adoption agencies, and other community organizations are recognizing that families created through adoption want to talk about their special concerns and are creating programs that address those needs. The programs range from discussion groups for parents and adoptees to "heritage" trips back to South Korea to explore one's roots. Adoptive parents are meeting with adult adoptees and with birth parents to share their experiences.

A new view of adoption is emerging. The veil of secrecy that has traditionally surrounded adoption is being lifted. Some adoption professionals are now defining adoption as an experience in "shared" parenthood. Today we talk about the "adoption triangle"—the birth parent, the adoptive parent, and the adoptee—all with needs and rights that have to be acknowledged.

New agency practices are also emerging, among them, parent preparation for adoption in group meetings; continued agency involvement with families after the finalization of adoption; disclosure of detailed information to adult adoptees about their past; contact between birth parents and adoptive parents through letters or direct meetings. Family resource organizations can serve all of us—birth parents, adoptees, adoptive parents—when they create programs that recognize these linkages and treat adoption as the lifelong experience that it is.

Lois Gilman wrote The Adoption Resource Book: All the Things You Need to Know and Ought to Know about Creating an Adoptive Family *published by Harper & Row (revised edition, 1987). She is also the author of* The New York Parents' Book: Your Guide to Raising Children in the City *(Penguin, 1987). She is a Reporter-Researcher at* Time *magazine.*

Contact: Lois Gilman, One Washington Square Village, Apt. 7-0, New York, NY 10012, 212/475-1082.

Infertility

One out of every five couples of child-bearing age in the U.S. has a fertility problem. Questions about how long is too long in having a baby, when and how to seek medical counseling and/or treatment, and what kind of help is available are often difficult areas to research. Studies and specialists suggest that infertility is a major, lifelong loss, and most couples can benefit from grief counseling before initiating an adoption plan.

RESOLVE, Inc. is a thirteen-year old nationally recognized, nonprofit membership organization offering services at both the national level and through 47 state and regional volunteer-run chapters. Members have access to infertility counseling, referrals to specialists, medical fact sheets, a newsletter, a parent network, and publications for laypeople and clinicians. Local efforts focus on support groups, referrals, adoption information, and programs on medical and emotional issues. 5 Water Street, Arlington, MA 02174, 617/643-2424.

Infertility Insights is a community-based program developed by Barbara Bache-Wiig in cooperation with the Waukesha, WI County Technical College and the Waukesha YWCA. Growing out of her Adoption Insights course, taught continuously over the past seventeen years, this 10-week curriculum helps couples deal with the weighty issues of infertility before moving on to the possibilities of adoption. The course is a combination of information provided by infertility specialists balanced with supportive classroom discussion. In a process of learning and exploring, couples integrate what they have learned, look at their options, and move toward making informed decisions about pursuing adoption or remaining child free. 1100 Grant Street, Waukesha, WI 53186, 414/547-9014.

Infertility: How Couples Can Cope by Linda P. Salzer (G.K. Hall, 1986, 298 pp., $7.95 paperback)
A sensitive guide for couples dealing with the day-by-day social and emotional pressures of infertility. Offering constructive advice from years of counseling and her own infertility experience, Salzer helps couples look beyond the medical appointments, sex on schedule, and marriage problems to explore each stage in their struggle to have a child.

In Pursuit of Pregnancy by Joan Liebmann-Smith (Newmarket Press, 1987, 224 pp., $17.95 hardcover)

Three real-life couples' experiences are used to provide an in-depth view of what couples may face in their quest for a family. How to cope with hostile feelings toward pregnant friends, repeated miscarriages, and the need for re-evaluation of medical treatment are covered, as well as an exploration of how men and women differ in their approaches to infertility.

Building an Adoptive Family

Lois Gilman, author of our introduction to adoption article, states that in contemplating adoption, couples need two kinds of resources: the kind that will help them build their family, and those that provide continuing information and support over the long range. The following examples of national organizations, parent support groups and networks, group models, and suggested readings can generate both information and guidance.

Families Adopting Children Everywhere (FACE) is an adoptive parent support group that provides information on both domestic and foreign adoptions. They are a volunteer organization and services are free. Their 12-hour, 6-week course, *Family Building Through Adoption*, looks at the considerations in deciding to adopt, types of adoptions available, and concerns following adoption. Offered in Maryland and northern Virginia, it is the prototype for information-on-adoption courses around the country. The course booklet for parents at $4 and an instructor's manual at $3 are among FACE publications. They also produce a bi-monthly newsletter. FACE, Box 28058, Northwood Station, Baltimore, MD 21239, 301/256-1410.

OURS, Inc., a Minneapolis-based adoptive family support organization numbers more than 9,000 families and supportive professionals as members. They provide information on adoption and how to adopt to prospective parents; specialized book resources for adults, Korean, Indian, and South American adopted children; a family-to-family helpline; and publish the only bi-monthly magazine that focuses on the issues of parenting adopted children. OURS supports Adoptive Parent Support Groups across the country with financial and technical assistance. Local group activities focus on educating the public on the broad issues of adoption, preparing prospective adoptive parents through parenting classes, supporting families in crisis, cultural activities for multi-ethnic families, and legislative advocacy. OURS, Inc., 3307 Highway 100 North, Suite 203, Minneapolis, MN 55422, 612/535-4829.

The **National Resource Center for Special Needs Adoption** is a division of Spaulding for Children, a 19-year old agency serving mainly teenagers and school-age children. The Center provides training and consultation services to colleagues, adoption practitioners, policy-makers, and advocates rather than direct service to families. Designed to improve the quality and availability of adoption and post-adoption services for special needs children and their families, the Center publishes books on adoption issues, and will refer parents to community agencies and health professionals with expertise in special needs adoption. P.O. Box #337, Chelsea, MI 48118, 313/475-8693.

Child Welfare League of America, Inc. has set standards for child welfare services for 67 years. It is a privately supported organization of 500 member agencies and 1,000 affiliates across the U.S. and Canada, devoting its efforts to helping deprived, neglected, and abused children and their families. Affecting policies on issues that include adoption, foster care, child abuse, day care, and adolescent pregnancy, CWLA provides consultation, training programs and conferences, conducts research, publishes books and pamphlets, and advocates legislatively on behalf of children. Their 1988 catalogue offers clinicians a choice of books and monographs from CWLA and other publishers. The CWLA Library Information Service offers a large variety of films, slide shows, and cassette tapes on various issues of adoption for adoptive parent groups, parent education, and staff training. Child Welfare League of America, Inc., 440 First Street, NW, Suite 310, Washington, DC 20001, 202/638-2952.

North American Council on Adoptable Children (NACAC) is a nonprofit U.S.-Canadian coalition of organizations and individuals serving children and families through foster-care and adoption advocacy. NACAC coordinates National Adoption Week, holds an annual national conference, and is a clearinghouse for adoptive parent support groups nation-wide. Their particular emphasis is on placing waiting children in need of permanent adoption. Many of the youngsters have physical or mental disabilities, some have been caught in the foster-care system, are school-age, Black, Native American, or Hispanic. Member groups act as local resources on state adoption practices, offer parent group referral, advocate at the state and national levels, and promote Adoption Week. P.O. Box 14808, Minneapolis, MN 55414, 612/625-0330.

International Concerns Committee for Children assists homeless children in their own countries or through intercountry adoption programs. They are a nonprofit organization whose activities include an information service on adoptable domestic and foreign children, an overseas orphanage sponsorship program, and publication of an annual *Report on Foreign Adoption*. The *Report* publishes articles on issues such as: questions for parents considering foreign adoption, stresses of intercountry adoption and how children adjust, plus a book and newsletter resource section, legislative updates, and country-by-country lists of adoption programs. The *Report* also gives information on availability of children, costs and basic requirements for adoption, and lists single parent groups and regional home-study and post-placement services. ICCC also publishes *Adoption Listing Service* and *Family Register* to try and match waiting children with prospective families. AnnaMarie Merrill, 911 Cypress Drive, Boulder, CO 80303, 303/494-8333.

Adoption Exchanges operate for those families who want to adopt older or special needs children. There are local, state, regional, and national adoption exchanges working toward matching waiting children with waiting families. Some exchanges use photolisting books and biographical material to promote match-ups. Others carry out their recruitment activities through newspaper ads or TV features. **The National Adoption Center** uses a computer to facilitate matches. Through its **National Adoption Exchange,** a resource for any child who could be permanently placed with the help of national recruitment, children can be listed with both a state exchange as well as the National Adoption Exchange, and families who have completed a home study can register themselves with the Exchange. Several thousand children are served annually. The Center also offers general information on adoption, publishes a bibliography of books on adoption for children and youth, and a newsletter. 1218 Chestnut Street, Philadelphia, PA 19107, 215/925-0200.

Family Building Associates, Inc., serving the greater Washington, DC area, presents a variety of adoption-related workshops for pre- and post-adoptive parents, adolescent adoptees, interested professionals, and adoption agency staff members. These workshops are frequently contracted for by agencies, and content is planned cooperatively as an integral part of the adoption process. The emphasis is on information giving, helping people gain knowledge about and understanding for the complexities of adoption in the early stages when weighing options is critical. Offering an accurate look at post-adoption issues, the workshops also enable parents to view child development progress realistically, and to handle problems in ways that promote positive self-esteem for the children. Marlene Ross and Joyce Kaser, 11419 Rokeby Avenue, Kensington, MD 20895, 301/942-1218.

The **Adoptive Parents' Education Program** offers a series of seven classes to parents adopting newborns. All aspects of practical, skill-building infant care are covered in three classes for couples and singles seriously considering adoption and/or are in the process of applying for certification. The emotional and social aspects of adoption comprise the last four classes. Now in its tenth year, this program is offered year-long in a hospital setting. Also available: *Adoption Adventure*, an audio cassette of songs about adoption that explore the feelings of birthparents, adoptive parents, and adoptees; a color videotape, *The Adoption Experience — Perceptive Health Care for the Relinquishing Mother;* and a bi-monthly newsletter. Beth Lockhart, P.O. Box 32114, Phoenix, AZ 85064, 602/957-2896.

The Parenting Center of the 92nd Street Y has offered its *Is Adoption for You?* workshop for the past nine years, and the audience keeps growing. In the first of three two-hour sessions, an overview presents information on the legal aspects of independent, agency, and foreign adoption; in the second session, adoptive parents describe their own experiences and discuss how they reached their decision to adopt, the route they chose, and the emotional impact of the process; the third meeting addresses what happens after the adoption. Another workshop series welcomes adoptive parents and deals with some of the practical and social issues of having adopted. A third workshop focuses on infertility problems and examines issues relating to anyone having difficulty conceiving or carrying a child to term — one meeting is a medical overview, and the second looks at the psychological impact, emotional consequences, and options for resolution. Fretta Reitzes, Director, 1395 Lexington Avenue, New York, NY 10128, 212/427-6000.

The **Family Center of the Alexandria Community Y** is in its second decade of helping families with their parenting concerns. Information seminars, emotional support, and parenting resources are provided through the Center for Women and Families. For the past two years, the Center has run a four-week class for couples who are preparing to adopt. Structured like a preparation for childbirth course, emotional and practical issues are covered for groups of eleven couples in a year-round cycle. *A Support Group for Mothers Who Adopt* is offered as a follow-up. A basic drop-in model, it offers child care as an additive during its ten-week format. Used as a helpful transition, parents tend to move on afterward to other Center seminars which cover a variety of family issues for both biologic and adoptive families. Glory Fox Dierker, Director, 418 S. Washington St., Alexandria, VA 22314, 703/768-0038.

Our Child: Preparation for Parenting in Adoption builds on the fact that many expectant couples need and want to prepare for their parenthood through various classes, groups, and books. Adoptive parents, too, have need for preparation and the opportunity to gain basic child care skills and confidence in their ability to parent. Carol Hallenbach, a prepared childbirth educator and public health nurse, has developed such a program to help parents who are building their families through adoption. Baby basics are taught as well as adoption language, adoptive nursing, dealing with society's attitudes about adoption, and the differences between biologic and adoptive families. More than fifty similar adoptive education programs based on *Our Child* are offered in many cities across the country. Carol can be contacted for referrals. A comprehensive *Instructor's Guide* is available for those who want to initiate a program of their own. 800 Maple Glen Lane, Wayne, PA 19087, 215/964-1837.

Parenting Resources' staff members, from backgrounds in psychology, psychiatry, social work, and education, have developed a range of classes in parenting skills, life skills, and adoption education. As professional trainers, they present workshops for federal and state agencies, county social service departments, teach at conferences, and provide in-service training for hospital staff members. Their workshops for the lay public as well as professional audiences include subjects of general parenting, illness, adoption and fostercare related issues, and abuse. Viewing adoption as a lifelong process, and education as a powerful factor in maintaining family health, their program involves classes, support groups, search assistance, family systems counseling with licensed therapists, and information resourcing. Sharon Kaplan, Executive Director, is co-author of *Cooperative Adoption,* a how-to manual detailing the options in creating open/cooperative adoptions. 250 El Camino Real, Suite 111, Tustin, CA 92680, 714/669-8100.

Suggested Reading

The Adoption Resource Book by Lois Gilman (Harper & Row, revised edition, 1987, 345 pp., $18.95 hardcover, $8.95 paperback)

Within the adoption community, this book is considered essential reading for anyone contemplating adoption. Both a comprehensive overview and an information resource, it provides a framework for exploring adoption alternatives, arranging for, and carrying out a successful adoption. Mother of two adopted children, Ms. Gilman is author also of *The New York Parents' Book* and reporter-researcher for Time magazine. Her own experience in building an adoptive family years ago prompted this practical and warmly helpful guide that anticipates the questions and information needs of prospective parents. The book explores options of foreign and domestic adoptions, procedures for agency and independent adoptions, home studies, and legal issues, as well as concerns that relate to intercountry adoption, special needs children, and the long-term family issues of raising an adopted child. An extensive state-by-

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state directory lists parent groups, agencies, intercountry adoption groups, and public service offices. Additional contacts and sources of practical information are scattered throughout, along with important questions to consider and vignettes of adopters' experiences.

Adoption: An Annotated Bibliography and Guide by Lois Ruskai Melina (Garland Publishing, Inc., 1987, 292 pp., $34 hardcover)

Adoption practice and philosophy have changed greatly in recent years, and a growing body of literature reflects those changes. The subject of adoption is now relevant in many fields such as psychiatry, medicine, sociology, law, psychology, social work, child development, and education. This bibliography is a comprehensive overview of adoption literature and brings together books, articles, and even unpublished works from all these disciplines. Resources for children are included as well as information on educational, training, and audio visual materials.

Handbook for Single Adoptive Parents by Hope Marindin (Washington Committee for Single Adoptive Parents, 1985)

This introductory resource for single persons considering adoption has articles on the process and practicalities of becoming a single parent, some research on singles as parents, and helpful personal experiences. As an organization, the Committee is a clearinghouse for singles seeking agency and information contacts. P.O. Box 15084, Chevy Chase, MD 20815.

Adopting the Older Child by Claudia L. Jewett (The Harvard Common Press, 1978, 308 pp., $8.95 softcover)

Lost and Found: The Adoption Experience by Betty Jean Lifton (Harper & Row, revised edition, 1988, in press)

Open Adoption: A Caring Adoption by Jeanne Warren Lindsay (Morning Glory Press, 1987, 252 pp., $9.95 softcover)

Post-Adoption Services

Unique needs arise from the special circumstances of adoption. Children enter adoptive families with their own genes, their own experiences, their ties to another family. Post-adoption services have grown in number and scope to meet a variety of individual and family needs in areas such as talking with children about adoption, sexuality, search assistance, child development, ethnic and racial identity, and parenting special needs children.

Truth Seekers in Adoption is a nonprofit self-help, all volunteer group that offers search assistance and support to adoption-separated families. Monthly meetings enable members to learn from the search experience of others, gaining perspective and understanding that helps them prepare for contact and reunion. Each member does his or her own search, guided by volunteer advisors. Truth Seekers are largely adult adoptees, about 20 percent are birth parents, and there are a smaller number of adoptive parents helping their minor children in a search. Some members are not adoptees, but foster children seeking birthparents; others search for family lost through divorce or separation. The group welcomes anyone to attend their meetings who wants to learn about adoption from the inside — social workers, psychologists, physicians, attorneys, the media, and especially those who are considering adoption or relinquishing a child to adoption. Since its founding in 1973, more than a thousand members have searched for and located their birth families or birth children who are now adults. Truth Seekers also publishes a newsletter. P.O. Box 366, Prospect Heights, IL 60070, 312/625-4476.

Children's Home Society of Minnesota is a statewide family social service agency helping children and families since 1889. As part of their overall adoption program, they have developed extensive post-legal adoption services. Counseling and educational services are designed to support and strengthen families and prevent family crisis and breakdown. For families who have adopted children from Korea, a special program offers culturally supportive teen and preteen groups, counseling, and workshops for parents that include the services of Korean speaking social workers. Post-legal adoption resource booklets are available by mail: *Understanding Adoption as a Family-Building Option* by Program Director Marietta Spencer, and *Understanding My Child's Korean Origins* by Hyun Sook Han. Video and audio-visual materials, for rent or purchase, can also be ordered. A curriculum for teaching school children and adults about adoption has been developed, as well as material on the terminology of adoption. 2230 Como Ave., St. Paul, MN 55108, 612/646-6393.

The American Adoption Congress is an international education network, promoting openness in adoption. Established in 1978, it provides a forum for search and support groups in the U.S., Canada, and Mexico. The Congress sponsors regional and national conferences, publishes a newsletter, provides speakers, and updates members on legislative issues. Their special services include the International Soundex Reunion Registry, which links adoptees with parents and other family members who are searching for each other. Inquirers will be referred to local member search organizations. P.O. Box 44040, L'Enfant Plaza Station, Washington, DC 20026, 505/296-2198.

Suggested Reading

After Adoption by Jean-Pierre Bourguignon and Kenneth Watson (Illinois Department of Children & Family Services, 1987, 35 pp., no charge while supplies last)

This manual addresses itself to the adoption worker, mental health practitioner, education professional, and any other person the adoptive family may turn to in time of need. Identifying seven areas of difficulty experienced by adoptive families, the manual suggests how suitable responses to these problems can help the professional work more constructively with families. In the instances where problems are serious enough to warrant professional help, the authors recommend a diagnostic assessment that identifies the family's strengths, and proposes a plan for clinical intervention that will lead to stabilizing the child within the family. Attn: Ms. Clemmons, IDCFS, 100 W. Randolph St., 6th floor, Chicago, IL 60601.

Raising Adopted Children by Lois Ruskai Melina (Harper & Row, 1986, 274 pp., $8.95 paperback)

Special conditions exist for those in adoptive families, and it is critical for adoptive parents and concerned professionals to understand how those conditions differ from life in a biologic family. This guidebook provides practical information and reassuring advice through a balance of current research in child development and the mental health fields, and individual family adoption experiences. It is primarily a child care manual for adoptive parents, divided into four parts: The Instant Family, At Home with Adoption, The Adoptee Grows Up, and Special Issues in Adoption. Mrs. Melina is an adoptive parent, author of *Adoption: An Annotated Bibliography*, and editor/publisher of *Adopted Child* newsletter, writing from the perspective of her own family. Her book offers an insightful view of children and parents, and is a valuable resource guide to the progress of the adoptive family life cycle.

Adopted Child is a monthly newsletter edited and published by Lois R. Melina, author of *Raising Adopted Children* and *Adoption: An Annotated Bibliography and Guide*. This four-page format highlights feature articles on a variety of adoption topics that are informative for laypeople as well as professionals. The newsletter offers another dimension for understanding the dynamics of adoptive family life, the issues that concern parents and their adopted children, and the practitioners involved in strengthening their family system. P.O. Box 9362, Moscow, ID 83843, 208/882-1181.

Empowering Single-Parent Families

by Robert Hughes, Jr.

When we think about parent education or family support programs, personal contact emerges as a critical feature. Many of us have experienced the warmth and understanding of sharing concerns and learning new ideas in these surroundings.

While it is important to continue one-on-one contact in helping families build their support systems, we must also expand our ability to reach out to them in ways that go beyond personal contact.

A story shared by a colleague who sponsors a support group for single parents helped me to begin rethinking my work with families. She recounted an effort to update the mailing list for her program newsletter. While only about 20-25 parents came to the support group meetings, there were well over a hundred names on the mailing list, indicating many people had never attended a meeting. Inquiring about dropping inactive names from the list, she received many calls from single parents saying, "Please don't take me off your list. While I cannot come to your meetings I look forward to hearing about your activities and appreciate the ideas shared in the newsletter."

This experience served as a reminder that a newsletter could be a powerful source of support, and encouraged me to seek additional ways of providing support and educational opportunities to single-parent families.

While the information age offers multiple print, video, and computer technologies, these methods do not necessarily carry the "supportive" message that has been so fundamental to family resource programs. In fact, some would argue that it is impossible to capture the essence of family resource programs in these media approaches.

Principles of Family Support

Before we can effectively apply the principles of family support, we must identify them. While many ideas are embodied in the family resource movement, empowerment and transitional development emerge as essential. Julian Rappaport (1981), a community psychologist, has written that empowerment is the attempt to "enhance the possibilities for people to control their own lives" (p. 15). Rappaport (1981) and Cochran (1986) have identified these major assumptions of empowerment: 1) all families have strengths and competencies; 2) parents have valid and valuable information about their needs, values, and goals; 3) there are a variety of ways to achieve healthy family lifestyles; and 4) growth is best accomplished through small intimate social structures such as the family, neighborhood, support groups, or church.

A second tenet of the family resource movement has been the recognition of life transitions as opportunities for growth and development. Numerous family programs have focused on the birth of a child, the death of a family member, or other major life change as a time to provide support, encouragement, and new ideas for coping.

Both of these ideas can be applied beyond the support group and family center. To illustrate, I've chosen three programs for families dealing with divorce and single parenthood in which empowerment and transitional development ideas are evident.

Print and Media Programs

Thinking About Divorce is a program for those who are considering ending their marriages, or have been recently separated. Created by Dr. Warren F. Schumacher of the University of Massachusetts Cooperative Extension Service, this newsletter and videotape series is based on the idea that people can take charge of their lives and emerge as healthy persons.

Clearly, these materials are targeted to people during a difficult transition experience. The program offers information and a series of activities that allow the individual opportunities to explore his/her own thinking and decision making. Psychological adjustment issues are dealt with as well as practical issues such as talking about separation and divorce with children and other family members, dealing with financial matters, and developing new relationships.

Solo Parenting, a newsletter written by Dr. Patricia Nelson at the University of Delaware Cooperative Extension Service, also focuses on the transitional period, addressing the unique issues of never married, widowed, and divorced single parents. Written in concise and easily readable language, this newsletter also provides a list of many resources that parents can pursue for their special concerns.

The University of Illinois Cooperative Extension Service has recently published *Parenting on Your Own* for new single parents. This program seeks to empower single parents as well as program facilitators by providing a flexible program which can be delivered through direct mail, mass media, or support groups.

The program includes a fourteen-issue newsletter series dealing with personal adjustment, financial, and parenting concerns. In all aspects of the materials an effort is made to help families identify their strengths and to encourage them to develop positive coping strategies. Photographs and quotes from single parents and children illustrate and highlight each issue.

These brief illustrations demonstrate that empowerment and transitional development can be incorporated into print and video technologies. By developing delivery formats based on the principles of the family resource movement, these methods are transformed into more effective helping mechanisms. Likewise, when family support programs can utilize these delivery methods, their work is expanded and enriched.

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Robert Hughes, Jr., received his Ph.D. from the University of Texas at Austin. Currently, he is an Assistant Professor and Extension Specialist in Family Relations at the University of Illinois, Urbana-Champaign. He is a member of the Family Resource Coalition.

Contact: Robert Hughes, Jr., Ph.D., University of Illinois, 905 S. Goodwin, Urbana, IL 61801, 217/244-2847.

Resources:

Thinking about Divorce. **Nine newsletters (1 set free). Video: VHS $60. Dr. Warren F. Schumacher, Division of Home Economics, Skinner Hall, Amherst, MA 01003, 413/545-2313.**

Solo Parenting. **35 newsletters, $10. Pat Nelson, Ed.D., Delaware Cooperative Extension, Townsend Hall, Newark, DE 19717-1303, 302/451-2538.**

Parenting on Your Own. **Program handbook, $15. 14 newsletters, $3.00. Robert Hughes, Jr., Ph.D., University of Illinois, 905 S. Goodwin, Urbana, IL 61801, 217/244-2847.**

The Center for Early Adolescence

Helping Parents of 10-15 Year Olds

by Leah M. Lefstein

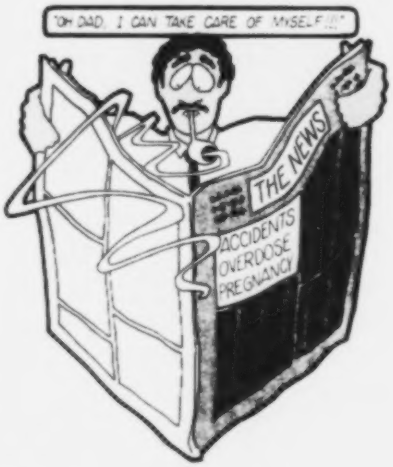
Anticipating that parents of newborn infants may feel apprehensive and bewildered, nurses, physicians, hospitals, and social service agencies proffer brochures, videotapes, pamphlets, short courses, and other aids to help prepare mothers and fathers for parenthood's accompanying change and responsibility. Learning how to cope with feeding and diapering is only a part of the information that parents receive. In addition, they have relatively easy access to information about infants' physical development, their emotional needs, and ways to stimulate their offspring's intellectual progress.

In contrast, as children approach the years of early adolescence, when they will experience unprecedented physical, emotional, cognitive, and social growth, their parents find few resources. Further, many parents of young adolescents are too busy to seek information. As their children have grown, so have parents' responsibilities at work, in the community, and in their extended families. Even mothers who had not previously been employed outside the home may be solely sustaining or augmenting the family income at this time in their children's lives. Fathers may work extra hours or take on additional jobs to increase their wages. Aging grandparents may need attention, economic support, and care, evoking parents' feeling that they are the "sandwich" generation, wedged between young and old human priorities.

Outside the family circle, worthy community organizations and religious institutions may also seek more time and energy from parent volunteers. In all, parents of young adolescents often report that time is a precious commodity in their lives: coping with the needs of a growing family and with their own day-to-day responsibilities leaves few leisure hours to pursue information about parenting.

Like parents of newborn infants, parents of 10- to 15-year-olds want helpful reassurance and practical techniques for coping. Just as new parents need time to adjust to the vagaries of parenthood, parents of young adolescents find that they and their youngsters also go through an unsettling period of change.

Unlike new parents, however, parents of young teenagers are exposed to dire warnings of impending harm that may befall their children from external influences they cannot control. While new parents see favorable media images of bouncing, cooing, bundles of joy, parents of young adolescents ingest a daily media diet of horror stories about young teenagers' involvement in dangerous activities —gangs, drug abuse, sexual promiscuity, school failure, vandalism, and accidents.



Further, parents of 10- to 15-year-olds have children who are close to (or who have even surpassed) their own size, who can express their opinions verbally, and who have growing mental agility. For the first time, their children have begun to look like adults, and they have achieved or are nearing the time when they will have the physical capability to become parents themselves.

Experiencing the vicissitudes of their youngsters' early adolescence can be worrisome for parents. They may worry about the "tyranny of the peer group," fearing that their children will fall prey to dangerous risk-taking behavior. Concerned, too, about their children's school achievement, parents often feel cut off from academic involvement as their children study more complex subjects, interact with more teachers, and attend larger schools, often at a greater distance from home.

Families with young adolescents may experience temporary disequilibrium as young people grow rapidly, establish close relationships with peers, test the boundaries of their parents' authority, and develop affinities for clothing or music that is not to their parents' taste. However, this period is also a much more positive time for families than popular myths would have most parents anticipate. Young adolescents are capable of taking on greater family responsibility; they can be delightfully insightful and humorous; they can contribute acceptable solutions to family problems.

The Center as a National Resource on Early Adolescence

Parents of young adolescents are hungry for information that will help them interpret the changes that have occurred in their families and give them skills to maintain family equilibrium. The Center for Early Adolescence (CEA) at the University of North Carolina (Chapel Hill) has identified four topics that are of special interest to these parents:

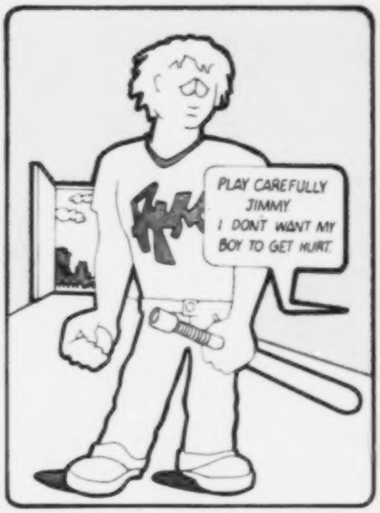
- understanding early adolescence
- learning to communicate effectively
- talking about sexuality
- coping with risk-taking behavior

These topics provide the framework for the Center's new, revised parent education curriculum, *Living with 10- to 15-Year-Olds.*

Living with 10- to 15-Year-Olds seeks to help parents understand the physical, socio-emotional, and intellectual changes that their children undergo in early adolescence. In addition, the curriculum takes a positive approach to these years in the human life cycle, helping parents to appreciate that their children do not suddenly become monster-strangers when puberty occurs. The curriculum reviews the events of early adolescence and places them in the context in which parents and young people now live.

The curriculum also helps parents to identify the ways that they learned about their own sexuality, to express their hopes for their children's sexual attitudes, and to find ways to discuss sexual issues with their children. A unit on communication skills assists parents in listening to their young teenagers and in resolving conflicts without damaging their children's fragile self-esteem. Finally, parents examine the full spectrum of adolescent risk-taking, understanding the reasons why young adolescents experiment with risky behaviors, and learnng what they can do—both at home and in their communities—to ensure their children's safety and security.

Like the first edition of *Living with 10- to 15-Year-Olds,* the new edition is designed to facilitate parent education in a variety of local settings, ranging from full-scale community conferences to informal parent support groups, using local resources. The new curriculum


PLAY CAREFULLY JIMMY I DONT WANT MY BOY TO GET HURT.

offers activities that enable teachers, counselors, clergy, social service personnel, and volunteers to help parents acquire reliable information and learn useful skills. Along with a variety of helpful booklets and pamphlets, *Living with 10- to 15-Year-Olds* includes planning and discussion guides, flexible agendas, workshop designs for more than 20 hours of group activities, handout materials, a publicity kit, and reading lists for parents, young people, and professionals.

In addition to the curriculum, the Center has prepared other materials for parents and for professionals who work with families. *Early Adolescence: What Parents Need to Know* is a handbook for parents that explains the physical changes of puberty and the concomitant social, cognitive, and emotional changes, as well. A revision of this book, with several additional chapters on topics that parents have requested, is planned for 1988.

The Center also publishes Laurence Steinberg's *Understanding Families with Young Adolescents,* a book for family-service workers which examines family development as children and their parents progress through comparable periods of marked growth and change. A series of Center pamphlets for parents also address a variety of schooling topics: *School Environments for Young Adolescents, Curriculum and Instruction in Junior High and Middle Schools,* and *Talking with Young Adolescents about School.* In addition, the Center regularly updates and publishes reading lists that are of interest to parents in *Resources on Parenting Young Adolescents* and *Early Adolescent Sexuality.*

For family-service professionals, the Center offers further resources, training, and information services. *Early Adolescence: A Resource Directory* is a comprehensive list of organizations, agencies, journals, and other periodicals that provides information about the early adolescent age group across a variety of disciplines. The Center's professional staff—researchers, trainers, program developers, and librarians—regularly review and catalogue research information about families; new print materials for parent educators, parents, and young people; and information about successful youth- and family-serving programs. Center staff also review new audiovisual resources, maintaining a file of information about the quality and accessibility of films, videotapes, and filmstrips.

HERE'S A DARLING DRESS IT WOULD LOOK SO CUTE ON YOU.

Recognizing the need for reliable resources and easy parental access, the Center has also undertaken a number of projects to help institutions, such as schools, churches and synagogues, voluntary organizations, and businesses, transmit information to the parents and guardians of 10- to 15-year-olds. At regular intervals throughout the year, Center staff trainers offer continuing education programs for parent educators and other youth- and family-serving professionals.

Further, the Center has collaborated with diverse organizations, such as a rural drug abuse prevention coalition, an urban family service agency, and a county-wide adolescent pregnancy prevention coalition, to develop innovative ways to reach parents of young teenagers. These groups have been successful in finding ways to contact busy parents of young adolescents: at church and synagogue meetings; through parent-teacher associations; over the airwaves, on cable television and radio call-in programs; in community college and adult education courses; and in the workplace, at brown-bag lunchtime seminars.

In collaboration with COSSMHO, the national Hispanic health organization, and El Centro, a human services agency in East Los Angeles, the Center adapted and field-tested *Living with 10- to 15-Year-Olds* for use with Mexican-American parents. This adapted version, entitled *Viviendo con Adolescentes de 10 a 15 Anos de Edad,* is also available from the Center. Later this year, COSSMHO will complete work on a translation of the curriculum.

Another current Center project employs leadership education to promote better services for young adolescents and their parents in the state of Indiana. Collaborating with a local director who is affiliated with the Children's Museum in Indianapolis, Center staff have designed a training program for 53 Lilly Endowment Leadership Education Program (LELEP) Fellows from 20 Indiana cities and towns. All LELEP Fellows are mid-career youth- and family-serving professionals from education, academe, social work, the health professions, the clergy, and youth work. Trained to serve as consultants to youth-serving agencies, middle grade schools, parents, and parent education programs, each Fellow completes a practicum in his or her community, using the skills developed in the program. In 1988, the Center will investigate other potential replication sites—states, regions, or municipalities—for the leadership education project.

The Center's interest in early adolescent development, middle grade schooling, and community services for young adolescents enhances its ability to respond to the needs of family-service professionals. A parent questionnaire, developed in conjunction with the Center's investigation of successful after-school programs for young adolescents, has helped several communities to determine parents' concerns about their children's after-school activities and needs. Similarly, the Center's *Middle Grade Assessment Program* helps schools to bring parents into a combined effort to determine ways to achieve greater academic effectiveness and developmental responsiveness.

I'LL DIE IF ANYBODY SEES ME WITH MY PARENTS.

Members of the Center staff welcome requests for information and inquiries about publications, training, consulting, and other outreach activities.

- *For information from the Center's clearinghouse, contact: Susan Rosenzweig, Information Services Director, Center for Early Adolescence, Suite 223, Carr Mill Mall, Carrboro, NC 27510, 919/966-1148.*
- *For more information about the Center itself, its newsletter,* Common Focus, *or its other publications, contact: Jean Chandler, Circulation Manager.*
- *For information about* Living with 10- to 15-Year-Olds *and other Center training programs, contact: James J. Conway, Field Services Manager.*

Leah M. Lefstein is Acting Director at the Center for Early Adolescence. Co-author of 3:00 to 6:00 PM: Programs for Young Adolescents, *a book that examines and documents several excellent community programs for 10- to 15-year-olds, she is at present working on a new book for parents that will appear in 1988. Lefstein and Leadership Education Project Coordinator Tara M. Sandercock, are also completing work on the Center's revised parent education curriculum.*

The Center for Early Adolescence is a member of the Family Resource Coalition.

Drawings from "Living With Your Teenager" series by Judith O. Hooper, U. of Wisconsin-Extension.

For your information

Sequencing: Having It All but Not All at Once by Arlene Rossen Cardozo
(Atheneum Press, 1986, 330 pp., $16.95 hardcover)

A challenging question is presented in this book: Must choosing to have both a career and children necessarily mean not giving or getting the best of either one? Cardozo, author also of *Women at Home* (1976), details how she sees sequencing as the solution for a growing number of women who want to experience it all. By developing a three-stage system, she recommends that women first complete their educations and gain career experience; when they decide to bear and mother young children, that they leave full-time work; and in the third stage, they develop innovative ways to reintegrate career activities into their lives so that mothering and working are not conflictual. Breaking the myth of the Superwoman is a central theme. Instead, Cardozo attempts to create a new myth, that of a woman who is able to combine the best of feminism with the best of traditional mothering. Neither housewives or "jobwives," Cardozo, explains, these women are persons unto themselves. The author's research included 300 women in various stages of sequencing: those who were full-time careerwomen-mothers, women who had either put aside their careers to raise children or those who had been full-time mothers from one to ten years, and women who had reintegrated careers after years of being distanced from their work. *Sequencing* is for women and men who are contemplating the possibilities or are already in the process. It describes the ramifications of such action and acts as a guide for enhancing the mothering years, and finally exploring career options in later stages. Cardozo states that sequencing may not be for everyone—it is a complex process for both women and men, often involving a change of values, priorities, and perspectives, as well as making a strong commitment.

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Staying Home Instead by Christine Davidson
(Lexington Press, 1986, 175 pp., $12.95 softcover)

The problem author Davidson sees today, is that women of her generation, 30-to 40-year-olds, are no longer being told there are options to the career and mothering duality. She points to the alternative choice and steps in to help women determine whether and how they can break out of the "working mom rat race" and survive financially. Although Davidson is careful not to advocate staying at home for all women, her aim is to offer self-assurance and practical advice to those who decide motherhood at home serves them best. The body of *Staying Home Instead* is devoted to carefully thinking through the affordability of leaving work to raise a family, saving money instead of spending it, and creating ways to make money at home. Davidson's view challenges the assumption that the "new women" must straddle office and home, and suggests there are infinite life-style possibilities in balancing mothering with how, when, and where to work. In the last chapter, "How Many Kids Can Ron and Nancy Care for in the White House Basement?", Davidson turns to the political landscape and the unfulfilled promises of a vocally pro-family administration. She discusses current legislative plans, suggests tax reform measures to help those who must pay for childcare, and the need for establishing regulatory agencies at the state and federal levels. In her conclusion, the author explores the changing roles and myths about women as professionals and women as mothers.

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Time out for Motherhood by Lucy Scott and Meredith Joan Angwin *(Jeremy P. Tarcher, Inc., 1986, 253 pp., $15.95 hardcover)*

Throughout her many years as psychologist and former Director of the Parenthood Over 30 project, Lucy Scott has developed a positive point of view on the issues of motherhood for career women. Both she and her co-author are up front about their bias—they are in favor of older mothers. Knowledge is power, Scott and Angwin explain, and *Time Out* aims to help working women evaluate their career and mothering choices. Acknowledging medical concerns, the need for financial planning, and the impact of a baby on a marriage, the authors also point to over-thirty women who generally experience greater security in relationships and finances at this time of life. Scott and Angwin conclude that women can indeed have it all—a productive career and children, too—if they are willing to have realistic expectations of themselves. The book suggests careful consideration, however, and provides a blend of reports, psychological literature, anecdotes, and case studies to help in that pursuit. Questions about health risks, economics, relationships and partners, and personal hopes and fears are all discussed as elements in decisionmaking. In the final chapter, "Beyond Guilt," Scott and Angwin offer encouragement to the millions of women facing the dilemma of "Shall I work or shall I mother?" For those women who do return to the workforce, the authors try to anticipate the problems, and suggest ways to minimize the negative feelings.

Research Perspectives

continued from p. 5

condition for parents in making good use of a program (see also Unger and Wandersman, in press; Kessen and Fein, 1975).

Concluding Comment

The brief sketches of process research findings presented in this article are examples of the type of evaluation work that can inform decisions about program practices. The development of a technical data base is crucial to the field's future. Programs for parents of young children can be strengthened considerably through an understanding of life in family support programs.

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Douglas R. Powell, Ph.D., is an Associate Professor in the Department of Child Development and Family Studies, Purdue University. Previously, he was Director of Program Development at The Merrill-Palmer Institute, Detroit, and a faculty member at Wayne State University. He is a founding member of the Board of Directors of the Family Resource Coalition, and presently serves as Co-Chair of its Theory and Practice Committee. He is author of numerous articles and chapters on parent programs, served as Research Editor of Young Children, *and is a member of the national advisory committee for the Ounce of Prevention Fund.*

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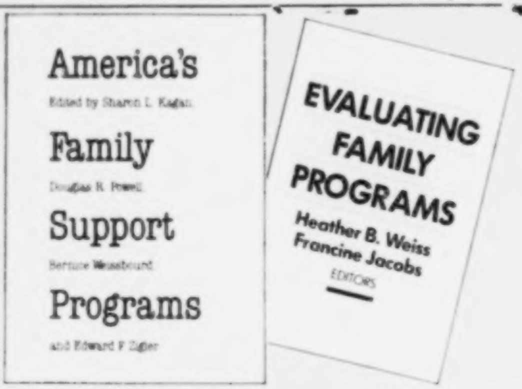
Major New Books Document Family Support Movement

FRC enthusiastically welcomes the publication of two significant volumes on family support programs. They are the first to describe the programs' twenty-year development, and to interpret their importance and implications for families, human service practitioners, and our society. These books represent a milestone in the evolution of the family support movement, and will assuredly enhance its future growth.



America's Family Support Programs: Perspectives and Prospects

Edited by Sharon L. Kagan, Douglas R. Powell, Bernice T. Weissbourd, and Edward F. Zigler.

(Yale University Press, 1987, 384 pp., $30 hardcover.)

Addressing such issues as the historical and social context of current family support efforts, the range and benefits of the programs, available research, and the challenge of funding, staffing, and management, this volume chronicles past problems and accomplishments and offers specific recommendations for the future.

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Evaluating Family Programs

Edited by Heather B. Weiss and Francine Jacobs

(Aldine Press, 550 pp. estimate, in press, available April, 1988.)

Evaluating Family Programs looks at two key evaluation issues of family support and education programs: what is known to date about program effectiveness, and what strategies can be employed to get information to strengthen these programs and to document their effectiveness? The volume represents an effort to capture both the fruits of past evaluation practice and the most current and creative thinking about future directions.

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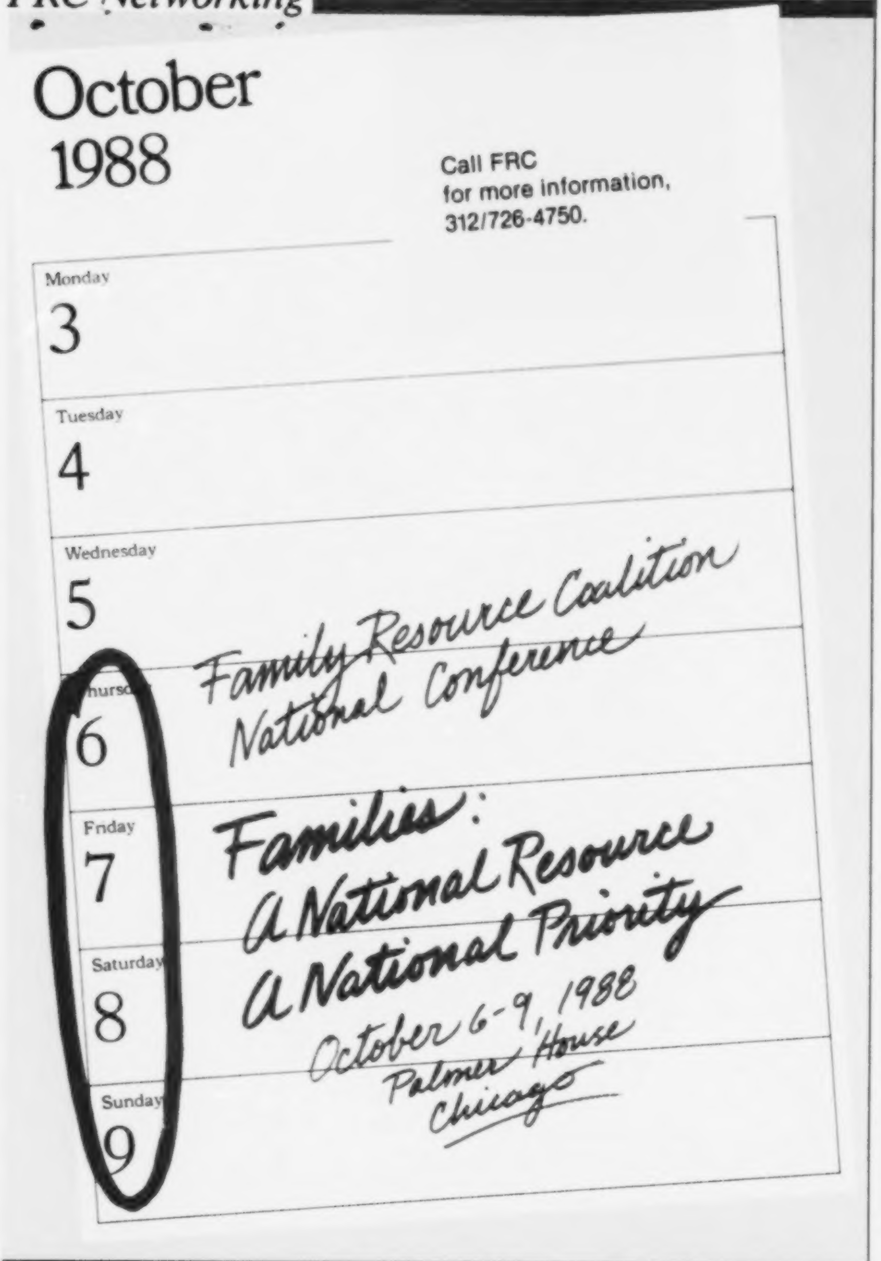

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FRC REPORT

Design, DIANNE HANAU-STRAIN
Typography, KARR CREATIVE SERVICES
Printing, BOOKLET PUBLISHING CO., INC.

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Founded by Family Focus

Family Resource Coalition
Report
A North American Network of Family Resource Programs
Volume 7, Number 1 — 1988

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Strengthening Stepfamilies

by Linda Albert

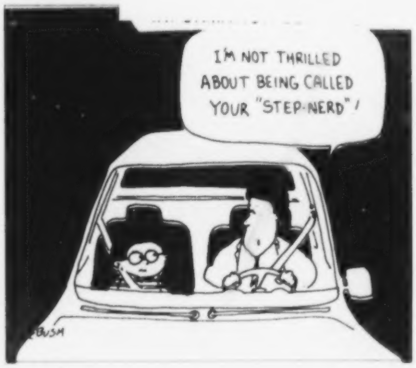
"To marry a second time represents a triumph of hope over experience," Samuel Johnson once said. It doesn't have to be that way! With the resources available today, stepfamilies *can* reach their potential for a full and rewarding life.

We've all heard the statistics. One-half of all children born in the 1970s will live with a divorced or widowed parent. Since 80 percent of divorced persons remarry, most of these children will become stepchildren before they reach adulthood. Approximately one out of five children is a stepchild, and around 9,000 new stepfamilies are formed each week. This means by 1990, if present trends continue, the stepfamily will be the most common family structure!

I have been involved in the issues of stepfamilies ever since I was remarried myself, in 1972. At that time, there was little information or help available to remarried parents. I never thought of myself, my three children, and my new spouse as a stepfamily. I imagined that we were just like any other nuclear family, only I had a new husband and my kids had a new father figure. I didn't expect to face any special issues or tensions because of our changed family situation.

How naive this sounds in 1988! In 1972, however, people didn't talk about stepfamilies the way they do now. There were almost no books on the subject, the Stepfamily Association of America hadn't been born yet, and Oprah Winfrey was a teenager. Rarely did the media say anything — especially anything realistic and helpful — to stepfamilies.

Unfortunately, but not surprisingly, my stepfamily didn't survive. When things got rough, I had no knowledge of the special needs of the stepfamily situation, and I had no skills for integrating my children and my husband into one stable family unit. I failed to create a family structure strong enough to withstand the many storms that shook our home, and in the end we fell apart.


I'M NOT THRILLED ABOUT BEING CALLED YOUR "STEP-NERD"!
BUSH

For families remarrying today, the story is quite different. There are resources everywhere — books, magazine articles, journals, television specials, rap groups, training programs — which can help ease the transition from one family form to another. Stepfamilies especially rely on the many helpful practitioners who ease the family along the sometimes rocky road of remarriage.

To be of help, the practitioner must believe that a family is a family is a family. No family should be considered "broken" or lesser in any way, be it a nuclear, remarried, adoptive, or foster family. It's the home atmosphere, the quality of the interactions among family members and how the adults and kids perceive themselves and each other that determine the quality of the family life.

The Stepfamily Program

In order to help other families avoid the problems I faced, I teamed up with Elizabeth Einstein, a stepfamily specialist and author of the award-winning book, *The Stepfamily: Living, Loving and Learning*. Together we compiled a training program titled Strengthening Stepfamilies, which includes readings, recordings, and activities practitioners can use with stepfamilies in order to teach the skills and strategies needed to insure a healthy, high quality family. We structured the program to correspond to the five main tasks all stepfamilies face.

Continued on p. 2

Stepfamilies, *continued*

Task 1: Understanding the Realities of the Stepfamily Structure

There are no two ways about it, stepfamilies have a unique structure. Every member in a stepfamily has experienced loss of one kind or another, such as loss of spouse, loss of daily contact with both parents, perhaps even loss of former neighborhood, school, or workplace if a move is involved.

We must also face the ex-spouse and nonresidential parent, who can be friend or foe, helpful or hurtful. Children generally must move back and forth between two homes. The parent-child bonds in a stepfamily are pre-existing, and are often stronger than the adult couple bond, causing all kinds of complications and conflicts. The clash of different backgrounds, daily living habits, preferences, and traditions can interfere with smooth day-to-day living. The lack of legal relationships between stepparents and stepchildren often hinder the bonding process of a new stepfamily.

Task 2: Strengthening the Couple Relationship

The couple is the key to stability in the stepfamily. Though many remarrying parents think that their first concern should be their children's adjustment, much research suggests that the initial thrust should go into developing a strong, enduring marital relationship. It's not easy to form these marital bonds when the couple has no time alone before children arrive in the family.

Dealing with former spouses and coming to terms with our partner's previous love life requires tremendous emotional fortitude. Negotiating differing lifestyle patterns that evolved in previous relationships and changing old patterns of self-defeating or dysfunctional behavior require tremendous time and energy. Yet, if the stepfamily is to survive, the adult partners must learn to balance intimacy and romance with family responsibility and personal needs.

Task 3: Establishing Effective Relationships with Stepchildren

There are almost no role models and mentors to guide the stepparent in the difficult job of forming a relationship with the stepchildren. Should he or she be an additional parent figure for the child? A friend? A confidant? A mentor? A role model for adulthood? Some combination of all of these? Each stepparent will have to decide what role(s) are appropriate in the given situation.

We do know that effective stepparents are those who can empathize with a child, are not defensive, critical or judgmental, can show affection and acceptance, are open to change, have a strong sense of personal identity, believe in the child's abilities, and allow the child to be responsible for him or herself.

In the book, *Quality Parenting*, which I wrote with Michael Popkin, we found there were four skills that all parents can learn in order to make interactions meaningful and relationships close and caring: sharing, encouraging, teaching, and playing. We advise stepparents to concentrate on these skills in the early days of the new stepfamily and to leave the task of discipline mainly to the biological parent. In time, as the stepparent-stepchild bonds strengthen, discipline tasks can be shared.

Guidelines for Helping Children Adjust to a Stepparent

- **Recognize the importance of the other biological parent and respect children's right and need to love that parent. Support the time they spend with their other family and invite that parent and other family members to milestone ceremonies —recitals, play-offs, graduations. At such events, focus only on the children and put aside unfinished emotional business between adults present.**
- **Never speak negatively of the other parent in front of the children; control any resentment you may feel.**
- **As a stepparent, acknowledge the strong bond between your new spouse and his or her children. So children won't feel left out, avoid monopolizing your mate's time.**
- **Plan "alone time" with your stepchildren so you can get to know one another better. *Invite* them to do things with you — don't pressure them or make demands.**
- **Understand that family life cannot always be happy. When conflict arises, it doesn't mean that your family is failing or that your stepchildren hate you.**
- **Don't expect "instant love": allow time for relationships to develop. Concentrate on learning to accept, respect, and like your stepchildren.**
- **Reject fairy-tale myths and unrealistic media portrayals of stepfamilies. Forgive yourself for being imperfect. Realize that you learn when you make mistakes. So does your spouse, and so do the children!**

Task 4: Helping Children Adjust to Their Changed Family

Children like the security of sameness and routine. All the changes that they experience during the transitions from nuclear family to single parent family to stepfamily can seem overwhelming. While the wedding is a day of delight for the remarrying couple, it is often a day of doom and depression for children. Fantasies of their original parents re-uniting are shattered. They are faced with more changes, more adjustments, all of which are outside of their control. They may feel loyalty conflicts between the new stepparent and the biological parent. There may be new siblings to usurp their former place as oldest, youngest, or only child. All these changes will take time, and parents will need patience and perseverance in encouraging their children to make the adjustments.

Sharing quality time together can help ease the transition and speed up the adjustment process. When we've laughed and shared and cheered together, we are more likely to feel bonded and comfortable with one another. Research for *Quality Parenting* uncovered nine factors that help create those special moments:

- Parents spend time alone with each child
- The child is the center of attention
- The whole family does some activities together
- Kids can count on traditions
- Parents put kids' needs first
- Parents show they care
- Kids feel grown-up
- Everyone is relaxed
- Parents make some everyday activities fun.

Incorporating these factors into daily stepfamily activities will help everyone feel closer and create a happier, healthier stepfamily.

Task 5: Pinpointing the Developmental Stages in the Stepfamily Life Cycle

It helps to have a map handy when we travel unknown paths. Maps prevent us from getting sidetracked from our main destination, and help us prepare for whatever pitfalls or pleasures lie ahead. Stepfamilies need a map that identifies typical developmental stages and makes the journey from stage to stage as easy as possible.

The first stage in the stepfamily journey is fantasy, when we're in the grip of the grand illusion that our romance will blossom into happily ever after. Unfortunately, like all good fantasies, this one fades when reality steps in.

The second stage is confusion, when we ask ourselves, "What are we doing in a stepfamily?" Unexpected problems shatter the fantasy, and we are overwhelmed by the stress of day-to-day living. If the confusion is great, it may be a good time to seek help, even if

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the situation has not yet reached crisis proportions.

The third stage we call crazy time, when the pain and disappointment of crises threatens to bring an end to the new family unless some immediate measures are taken. At this point, stepfamilies often seek professional help—but it may be too late. Remarried parents who know ahead of time about these stages often wisely seek out help before this crisis stage, thereby averting many difficulties.

After much work on everyone's part, the stability stage is reached. This is where everyone comes together and achieves a sense of "us", of "our family". The family is now truly merging, creating its own style and establishing its own traditions, while at the same time remaining open to change.

Finally the commitment stage is reached, where the calm after many storms allows one to relax, reflect, and enjoy the pleasures that come from creating a warm, loving family. Of course issues and conflicts will continue to surface, but the family has developed effective ways to communicate and negotiate in order to solve the problems before they escalate into major headaches.

Leading a Stepfamily Group

When leading stepfamily discussion groups, it's helpful to remind participants of the difference between discussion and therapy. The point of being together is not to spend an hour helping one person solve a personal problem or family crisis; rather the purpose is to focus on the issue presented, gathering ideas and sharing solutions or problems as a group.

Discussions are more meaningful when participants have the chance to see how the topic under discussion relates to their own lives. The group leader can encourage such an analysis and yet not turn the group into a therapy session. The Strengthening Stepfamilies program uses questions and activities that relate to each of the major stepfamily tasks. For example, participants might be asked to identify the losses each of their children has experienced, or to complete a check-list assessing whether or not an emotional divorce has been achieved.

After discussing the question or doing the activity, it is helpful to have participants take a moment or two to comment on how this particular issue relates to their own stepfamily, and how the ideas generated by the group might help them to change.

Dealing with Emotions

We need to help folks deal with the feelings that come up around typical stepfamily dilemmas such as conflicting needs, money struggles, stepsibling rivalry, and the pain of crazy time. Discussion on these issues can spark emotional release in group participants, and the catharsis that comes from freely expressing and venting these feelings is one of the greatest gifts we can give to our clients.

SET

CREATING GOOD TIMES

Stepfamily Crest

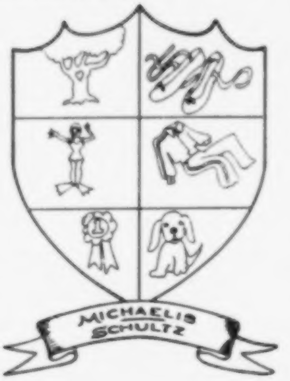
Everyone in your stepfamily retains a history of living in another family. Because of this, it is important to focus on activities and experiences your stepfamily now shares. ***In this activity you will begin to develop a family identity by creating a crest depicting your stepfamily's common history.***

[redacted]

Here's How
Have each person make a list of happy times the entire stepfamily has shared. Then scatter to search the home (particularly through personal mementos) for objects that symbolize one or two of those good times. For example, a shell may represent a trip to the beach.

When each person has chosen a symbol, sit facing each other and invite family members to share their lists and symbols, explaining why a particular object was chosen. (*Helpful hint:* Spend plenty of time talking about the happy times and looking at each person's mementos. This process is as important as the finished crest.) Then, together, select those symbols that have the most meaning for your whole stepfamily.

Next, on construction paper, reproduce the sample design provided (or a family-created original!). Complete your stepfamily crest by drawing one selected symbol in each section.



A Step Further
Once the stepfamily crest has been designed, have T-shirts printed with the design.

Use the crest to make rubber stamps for personalizing stationery and books.

Distribute photocopies to members of your extended family.

From Strengthening Stepfamilies

The Stepfamily program uses taped vignettes for this purpose and we've been told by school counselors that the idea works well with student groups. Once the vignettes have been used to discharge feelings, role-playing and brainstorming sessions can follow. Most youngsters love the chance to be on stage and play out a role, improvising how they would do things differently.

Involving the Whole Family

The final piece of the puzzle is to involve the entire stepfamily in activities to enhance communication and understanding. The family is a unit, and by working and learning together, everyone becomes a significant member of the group and feels committed to the process of making it succeed.

As families become more at ease with sharing feelings, making plans, playing together, talking, and listening, they can alleviate areas of stepfamily stress. Most important, the skills families develop will improve self-esteem as each person's sense of belonging—of being unique and special within the family—increases.

When suggesting activities for clients to do at home, make sure the activities are relatively simple, require little advance preparation, and do not require a great deal of time. The activities used in Strengthening Stepfamilies focus on five general areas: Getting to Know You, Creating Good Times, Learning to Communicate, Building Cooperation, and Handling the Hard Stuff. Some are pure fun, others can generate heavy emotions. It's best to proceed from the safer, easier activities to the more risky.

Like snowflakes, every stepfamily is special. Through the help that we can provide, stepfamilies can grow to reap the many rich rewards that a happy, unique home can bring.

Dr. Linda Albert writes the nationally syndicated newspaper column, "Changing Families." In addition to Strengthening Stepfamilies *(American Guidance Service), she has authored or co-authored* Coping with Kids, Coping with Kids and School, Coping with Kids and Vacation *(Ballantine), and* Quality Parenting *(Random House). She travels extensively across the country, presenting workshops for parents and professionals, and talking about family issues on TV and radio.*

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Helping Fathers Learn the New Paternal Role

by Ronald F. Levant

Contemporary fathers are, in increasing numbers, becoming more involved in the daily routines of child rearing. The signs of this change are everywhere, from time use studies that show significant increases in the amount of time men spend in child care (Pleck, 1981) to the increased visibility of men carrying infants in Snugli Packs or pushing strollers in the shopping mall.

Yet, most of today's generation of fathers are developing the nurturing role without having had role models in their own fathers, and few have had the opportunity to learn child care along the way, either through experiences in babysitting or in home economics classes. Thus, it should come as no surprise that many fathers experience awkwardness and stress in their pioneering new role.

The Fatherhood Project at Boston University has been offering a course for such fathers. Simply called The Fatherhood Course, it meets one evening a week for eight weeks, and teaches fathers communication skills—particularly learning to listen and respond to their children's feelings and to express their own feelings in a constructive manner. In addition, it teaches fathers about child development (stages and norms) and child management. The course uses a skill-training format, in which fathers role-play the particular skills in their own family situations, with videotape used to provide instant feedback. Each father also receives a workbook containing exercises that can be done at home with his children.

This approach to fostering fathers' communication skills comes from: 1) the cognitive social development literature (Newberger, 1977) which describes how social perspective-taking develops through a stepwise sequence; and 2) the literature on the characteristics of effective relationships in counseling (Rogers, 1957) and parenting (Gordon, 1970) which highlight the importance of empathy. Both literatures are utilized to help fathers learn to take their child's perspective with increasing degrees of empathic sensitivity, and to balance their child's and their own perspective on particular issues.

Instruction in child development takes a novel approach, looking at the literature from the perspective of the father's role. Thus, fathers learn about the important issues with regard to the cognitive, social, emotional, and moral development of their children, such as how fathers may act as "gatekeepers" for their sons' and daughters' sex role attitudes and behaviors.

The program is designed to fit men's traditional learning styles. It is not held out as counseling, and men are not required to talk about their feelings. Instead, it is offered as an educational program with an opportunity to develop skills. When men first walk into the room, hardware is immediately in evidence in the form of video equipment, which may provide a sense of familiarity, in terms of their traditional relationship to machines. Furthermore, they are told that we will teach them to be better fathers in a manner comfortable to them, in much the same ways they might have learned to play a sport, such as football or tennis.

Structure and Content

The course is usually co-taught by the author (a father) and an advanced doctoral student in counseling psychology who has had training in parent-child interaction and in leading structured groups (who may or may not be a father himself).

The first half of the course focuses on listening and responding to children, beginning with a session on nonverbal parental behaviors that can facilitate communication, such as staying at eye-level with the child and maintaining an open-body posture. In the next session, fathers learn about listening and responding reflectively to the content of a child's message. In the third session, fathers learn about listening and responding empathically to a child's feelings. The fourth session is devoted to review, integration, and practice.

In the second half of the course, fathers work on speaking for themselves, beginning with a session on increasing their awareness of the thoughts and feelings that emerge while interacting with their children. Next comes a session on learning to express thoughts and feelings in a non-defensive, open manner. In the segment on acceptance, the fathers examine their own personal sensitivities, in order to become more accepting of their child's feelings and behavior. The final session is devoted to termination and includes a graduation ceremony. The outline for the course is detailed in the Leader's Guide (Levant and Doyle, 1981a).

The program includes didactic and experiential components. A typical format for a session is as follows: 1) introduction and definition of the particular skill to be covered in a brief lecture; 2) demonstration of the skill using videotaped and live examples, usually role-plays between the two instructors; 3) discrimination training, in which the instructors role-play parent-child situations, demonstrating varying degrees of skillfulness—and with the fathers rating and discussing the role-playing examples; 4) practice of the skill in role-play exercises, using videotape for immediate feedback; and 5) consolidating and transferring the skill to the interaction with their children, through homework assignments from the Father's Workbook (Levant and Doyle, 1981b).

Fathers are expected to spend one hour per week on homework, including readings, paper-and-pencil exercises which progress from asking fathers to discriminate between good and poor responses to asking them to formulate their own good responses, and interactional exercises. Homework exercises are discussed in class each week.

The in-class role-plays in which the fathers participate serve several important functions. They are drawn from the discussion of the previous week's homework, in particular from the interactional exercises betwen father and child. It is not uncommon that several fathers will have experienced difficulties in carrying out these exercises with their children, and it is also likely that these difficulties will reflect long-term problems in the father-child relationship.

By selecting the role-plays in this manner, several purposes are served. For one thing, difficulties are attended to, so that hurdles are overcome and motivation remains high. It is highly possible in such short-term structured groups for unsatisfactory experiences with the homework to lead to discouragement, which can be expressed either in the form of dropping out of the group or participating at a pseudomutual level.

For another, by focusing on the longer term issues as they have emerged during the homework, an optimal balance between safety and depth is achieved. Ostensibly we are working on the fathers' difficulties in learning the skills—but in the process, the fathers enact the difficulties in their relationships with their children, which then become available

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for modification. An additional benefit of focusing on such longer term issues is that a climate of engagement and genuineness is created in the group.

In addition, the role-plays are performed in two different ways. At times we have the father role-play himself, while another participant plays the child. In these cases, the goal is to have the father learn the skills and apply them to his interaction with his child. At other times the father role-plays his child. In these instances the intent is to help the father develop an appreciation of the child's point of view, and also to learn how his child experiences him. This latter learning can be quite profound in helping fathers modify their approach to their children.

The fathers who participate in the course come from all walks of life, from laborer to plumber to lawyer to stockbroker. Their ages have ranged from the late 20s to the mid-50s, with their children's ages ranging from early infancy to young adulthood. About half the men are married and half divorced, with a few of them remarried and working out a "reconstituted" family. Those who are divorced have custody arrangements ranging from visitation to joint custody to sole custody.

Though the men are successful in the workplace and fulfill the "good provider" role, they experience dissatisfaction with their relationships with their children. Some speak with sadness of the distance in their relationships with their own fathers, or articulate a desire to avoid making some of the mistakes with their children that their fathers made with them. Others feel inadequate with their children and marvel at how well their wives "do it." Some are very uncomfortable with feelings, both their own and their children's. Others get caught in the anger trap and become ensnared in unproductive repetitive patterns of testing and punishment.

Many assume that they know how to communicate with their children. Two fathers in particular who thought their communication skills were adequate, were shocked to see videotaped replays of role-playing sessions. One saw himself towering over his child, the other talking from behind a newspaper. Another noted, "The idea that being a father is a learned skill never occurred to me."

Evaluation Information

The Fatherhood Course has been evaluated (Levant and Doyle, 1983). Experiment group fathers, their wives, and one of their children were compared to control group families before and after training on several paper and pencil measures. Fathers' communication skills were assessed using the Sensitivity to Children Scale (in which fathers are presented with vignettes of children's behavior and are asked to respond with written statements about what they would say if the child depicted were their own) and the Porter Acceptance Scale (a multiple choice instrument).

Fathers' and mothers' views of their actual and ideal families were assessed using the Family Concept Test, a multiple choice test which gives measures of family satisfaction (correlation between the parents' real and ideal family concepts) and family congruence (correlations between husbands' and wives' real or ideal family concepts). Children's perceptions of their fathers were assessed also using the Kinetic Family Drawing Test in which the child was asked to draw a picture of his/her family doing something together.

The evaluation found that training resulted in an improvement of fathers' communication skills, specifically a significant increase in overall sensitivity, a significant reduction in the use of undesirable responses, a trend toward increased use of desirable responses, and a trend toward increased acceptance of the child's expression of feelings. In addition, a complex pattern of findings of fathers' and mothers' real and ideal family concepts suggested that, as a result of the course, fathers underwent a cognitive restructuring, changing their views of the ideal family.

Changes were also seen in children's perceptions of their fathers, with significantly more experimental than control group children perceiving positive changes in their relationships. A telling example was the change in one boy's pre- and post-course Kinetic Family Drawing. Before the course began, the child drew a picture of a roller coaster with the tracks filling 90 percent of the page. At the very top was a tiny little car. In the front seat was the boy, legs and arms akimbo, in the next seat was Mom, and then Dad, and in the last seat was his brother, who appeared to be falling out of the car. After the course was over, the boy drew a picture of a spaceship running diagonally across the page in which the cockpit filled about 40 percent of the page. Seated at the controls was Dad, next to him, Mom. At opposite sides, looking out the window, were he and his brother. From a clinical perspective, this sequence of pictures suggests a remarkable transformation of family structure and emotional climate.

New and Ongoing Work

When the Fatherhood Project opened its door in September, 1983, the focus was on men's roles in the family, and the only workshop offered was the Fatherhood Course. Since then we have expanded, in recognition both of the stress and complexity of modern family life, and of the important interface between the family and the workplace. We now offer two new sets of services: 1) skills-training programs for fathers, single parents of both sexes, step-parents and their spouses, dual-earner co-parents, divorced parents with joint custody, and couples making the transition to parenthood; and 2) consultation programs for industries focusing on the working parent, including "lunch-time" seminars and the design of parental benefits policies.

Evaluative research for the skills-training programs is ongoing (Haffey and Levant, 1984; Levant and Doyle, 1983; Levant and Nelson, 1984; Levant and Tarshis, 1984), a survey focusing on the corporate view of the working parent is nearing completion, and market research designed to facilitate parents' participation has been completed (Levant, 1987).

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His research interests are in the area of the family. He has authored, co-authored, or edited six books and more than 45 articles and chapters in the areas of family therapy, the development and evaluation of psycho-educational preventive programs for families, and changing gender roles of men and women in the family and in the workplace. Recent publications include: Family Therapy: A Comprehensive Overview *(Prentice-Hall),* Client-centered Therapy and the Person-Centered Approach *(Praeger, co-edited with John Shlien), and* Psychoeducational Approaches to Family Therapy and Counseling *(Springer). He is currently writing a book for the general public with John Kelly, titled* Between Father and Child *(to be published by Viking).*

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Networking: Creating the Cluster

by Ruth Nicholson

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Networking: interconnecting for purposes of exchanging information and mutual guidance

Since its origin in 1979, the Florida Family Resource Coalition has listed networking as its primary goal. The Coalition was born when leaders of the family support movement throughout the state decided to link up with each other to share information and help solve mutual problems.

Why? Because it was already apparent, on the local level, that professionals in the same city never connected. In fact, they often met for the first time at conferences in another city.

The group decided to start small, to devise a workable way to network with other family support professionals in the same geographic region, and chose the Orlando area to begin. A brainstorming session was scheduled, and out of this meeting the problem was defined: how to connect professionals who represent a broad range of interests in a widespread geographical area to meet and share information about the family support field?

We chose a cluster meeting format, and decided that three or four reasonably short meetings per year were the way to go. The cluster meetings would be held in Orlando, and they had to be innovative, informative, and create synergism — in other words, they had to be worth the trip!

Next came the question of who to invite. After all, the field of family support includes education, medicine, mental health, law enforcement, the judicial and legal systems, human and social services, community leadership, and business and industry.

The first step was to create a list of names that drew from all these fields. Yes, we wanted individual names, not agencies; our goal was to connect people, not agencies. Why? Because most people involved in family support services remain involved even when they change employers.

A computer became essential. We made phone calls to key people asking for names and addresses of those with kindred interests, and as the list began to grow, so did our computer skills. Soon the list contained names from three surrounding counties in addition to Orlando.

It was now time to decide on a date, time, and place. We chose Friday, hoping it would be a good day to encourage busy people to try something new. We scheduled the meeting from 12:00 to 1:30 PM, agreeing to start and stop exactly on time. This would encourage those on a tight schedule to try to come again. The location had to be accessible, have parking, and attract interest. The Orlando Chamber of Commerce seemed to meet all the criteria.

The invitation was another challenge. Our group decided on a memo from five "movers and shakers" representing human services, education, business and industry, the legal system, and a local hospital. Each of them promised to make a five-minute presentation on their focus of the family support movement. Attendees were asked to bring a brown-bag lunch and flyers or handouts regarding their programs.

The big day came and several local enthusiasts arrived early. The organizers brought their computer printout of the list and taped it to a wall. The guests were asked to proof their own names and add other names. We also had a table set up for handouts and flyers.

The meeting was successful from the moment it began. Over fifty attendees learned about the goals of the cluster: to network, to share resources, and to build relationships. As the group ate their lunch, the five key presenters began the program. They were asked to introduce themselves and take one minute to share new trends in their field, or information about current programs.

The energy level grew with each person's comments. At 1:30, the group was asked to mark their calendars for a date three months away. As we adjourned, the room was abuzz and people jumped up from their chairs to link together. "I've always wanted to meet you." "I didn't know you had that program, how do I refer?" "I thought that program didn't exist." "Let's talk about your idea." "I have resources that could help your program."

The long-term success of the Orlando group continues. Relationships have formed, referrals have increased, and problems are more clearly identified. Funding sources seem impressed with the linkage of support systems among providers in the area.

Other benefits include non-duplication of services, greater referral knowledge, and better program development. Membership in the state and national FRC has increased. Relationships have grown into trusting friendships.

Our cluster model has worked: ten other groups have used our model statewide. We've also had teleconferences with cluster leaders to talk about and plan how the model could work in their areas.

Our only costs have been that of minimal staff coordination and postage. These have been underwritten by the Parent Resource

Center and Valencia Community College.

Over the past six years, we've had to make a few modifications. We do rotate the meeting location to allow family support professionals to visit each other's facilities. Locations have included the Parent Resource Center, a children's psychiatric hospital, an alcohol treatment facility, a community college, a technical school, and other agencies.

The coordinator at the Parent Resource Center assumes responsibility for scheduling the meeting date and mailing the invitations. She also inputs new names and keeps the computer list up-to-date. A representative from the meeting place assumes the role of host, arranges for room set-up, welcomes attendees, and keeps the meeting moving. The model keeps the work to a minimum and encourages the host to be creative. Thus, the gatherings have remained innovative by adding optional tours of facilities, previewing new films, or even adding lunch.

An average of fifty people attend the meetings. About one-third of the networkers are new at each meeting, and they arrive eager to connect. Another third of the group are the regulars who have never missed a meeting. They come with a list of needs and are anxious to meet new folks. The last one-third of the group is composed of individuals who attend one or two meetings a year. These are individuals with very busy schedules who like to connect but are sometimes unable to do so.

At the last meeting, the group included an aide to a state representative with a concern for legislative issues pertaining to families, a psychologist new to the Orlando area looking for referrals, and an ad agency director wanting to coordinate services to families who were coping with grief and loss issues.

The cluster meetings have become the primary place for family support people to link with each other. Once connections are made, much networking takes place over the phone and through smaller targeted meetings. The cluster mailing list is often requested by other groups, and is willingly shared for a minimal cost.

Networking Success Stories

An instructor had concerns about a particular family enrolled in a parent-child class. The child, 2 years old, was slow to speak and often acted out; the mother was showing signs of depression. After class, the mother cried about the stresses at home including a relative with alcohol problems, financial stress, and her concern about her child. The instructor, who had participated in cluster meetings, had referral recommendations to offer. Over the next several months, the family obtained a variety of services, including minor surgery which corrected the child's hearing loss due to fluid in the ears. The mother and father attended Al-Anon meetings and received consumer credit counseling. A year later, this mom had renewed energy and was leading a play group; the then-3-year old was more verbal and relating well to peers. The networking at the cluster meeting enabled the instructor to make quick, appropriate referrals, and the family benefited.

A second example grew out of a meeting that was held to develop a comprehensive listing of services available to families in the Orlando area. This was to be a major project with considerable cost involved. The next week, a cluster meeting was held and the idea of the directory was shared. "Wait," said a voice in the back, "a book already exists, let's work together." There was no need to re-invent the wheel. The committee met again with a new member coordinating the existing directory, adding information to the index only. Time, money, and energy were saved by the cluster meeting.

Another success story involves the Parent Resource Center, Inc. (PRC) which wanted to bring T. Berry Brazelton, M.D., to Orlando. The PRC realized it needed the resources, coordination, and marketing skills of others. Networking brought Valencia Community College, Orlando Regional Medical Center, and the Florida Consortium of New Born Intervention Programs together. The four groups worked together combining expertise and resources. Dr. Brazelton came to Orlando, April 9-10, 1987. More than 400 professionals received training and over 400 parents enjoyed a special evening presentation. Enough profit was realized to plan for another special event in 1990. Each of the coordinating sponsors had specialized talents that, combined with others, resulted in a huge success.Other benefits included great public relations for each agency, including television interviews and newspaper articles and the self-confidence that this group could do it again.

In another case, the idea for the Central Florida Parent Fair, a special one-day event filled with workshops for parents and children, was the dream of a regular meeting attendee. The agency she worked for had neither facilities nor budget to coordinate a large event. These facts did not discourage her; rather it helped her realize she needed cooperation from as many agencies and people as possible. A planning meeting determined the program and budget for the event. The core group began making phone calls; the University of Central Florida provided space; presenters donated their time; print money for the flyer was found; sessions were videotaped by volunteers; and the Council for Exceptional Children student chapter planned children's activities under the supervision of university professors. A local day care center provided hands-on materials, and coffee and donuts were donated by local businesses. The day was so successful that the event is planned again for 1988.

Networking empowers people by increasing their energy and expanding their resources. Networking gives people the courage to attempt and accomplish seemingly impossible tasks. Money, people, and time are essential elements for successful program development. The cluster model provides an easy, low-cost method for bringing a wide variety of talented people together for maximum benefit.

Founding members of the Orlando Cluster include: Joanne Clark, Executive Director, Parent Resource Center, Inc.; Sue Foreman, Founder, Parent Resource Center; Ruth Nicholson, Manager, Community Education, Valencia Community College; Jayne Roberts, Coordinator, College of Exceptional Service, Parent Resource Center.

Helpful Hints for Establishing a Cluster

1. Keep it simple.
2. Resist the temptation for dues, reports, and local membership only. This creates work and eliminates people.
3. Use a computer.
4. Keep the focus positive and upbeat.
5. Invite people, not agencies.
6. Change the location. This can be an opportunity to see a new facility or program.
7. Prepare a large table for handouts and flyers.
8. Make it fun.

Ruth Nicholson is currently Manager of Community Education/Program Director of the Center for Family Education at Valencia Community College in Orlando, Florida. Ruth has been active in the family support movement for the last ten years. She is a Board member of the Parent Resource Center, Inc., and former President of the Florida Family Resource Coalition. Ruth has also been a consultant on both the state and national levels in developing community-based parenting programs.

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With the Family-Community Resource Center, Tenants Set the Agenda

by Geoff Wilkinson, Tess Browne, Charlotte Dickson, and Phoebe Soares

> *It's hard to be poor. I always say that you have to go to heaven, because you can't go to hell if you're poor. If you're poor, you have hell right here on earth. When I'm worried about coming home every day and just getting a meal, when I'm worried about getting my kids to school, and whether I have day care or whether I have a place over my head or how to pay the rent, sometimes I don't have the feeling that I have a lot of power. That's why I see the role of the Committee as helping people feel that they have power. It's hard for low income people to organize, but once people get out and realize that there's a lot of things that they can get involved with, it helps, and it gives them a lot of knowledge. It's the working together, it's having that camaraderie, having somebody out there to provide some support.*
>
> THELMA HYATT, President of the Committee for Boston Public Housing and resident of the Gallivan Boulevard housing development.

For more than six years, the Committee for Boston Public Housing (CBPH) has helped to empower low-income families to improve their lives and communities. Funded through a collaboration of public agencies and private foundations, the CBPH works with tenants in public housing developments in Boston, Massachusetts, helping to make quality family and community services available through a combination of grassroots organizing, program development, casework, and advocacy at the local, city, and state levels.

The project's major focus is to assist tenants address the needs of families with young children. In addition to helping develop child care and parent education programs, the CBPH also helps create and improve a variety of economic, social, educational, recreational, transportation, and health services.

The CBPH operates two major programs. One is the Washington-Beech Community Daycare Center, which serves 32 children and their families with full-day preschool child care, a model on-site kindergarten program run in collaboration with the Boston public school system, and numerous parent support and education activities.

The second program, the Family-Community Resource Center, places Resource Coordinators in eleven public housing developments to organize tenant committees, develop child and family services, and assist individuals with education, employment, and vocational training referrals. Resource Coordinators work with Education, Employment, and Training Coordinators at several sites, and are backed up by a central administrative, research, and technical support staff.

Background

The Committee for Boston Public Housing was founded as a private, non-profit organization in 1981, when the Boston Housing Authority (BHA) was under court-ordered receivership to restore humane living conditions to family developments across the city. The Committee ran a successful demonstration project through 1984, helping to establish democratic tenant organizations in five developments and aiding tenants to improve public safety, physical housing conditions, and basic services such as pest control.

The Family-Community Resource Center (FCRC) was initiated in September, 1984, to focus on social service needs in public housing. It began work in five developments, including four of the original CBPH sites. One hundred fifty needs assessments were conducted at each site and in April, 1985, results were published in *Beyond the Safety Net: Families in Boston Housing Authority Developments.* This comprehensive report helped define the agenda for project activities. The FCRC expanded rapidly through its first two years, and now works in almost half of the BHA family developments.

Nearly two-thirds of the families in FCRC sites have children under age 18, and 80 percent of these are headed by single women. Racial and ethnic compositions vary among developments, but overall, 58 percent of residents are black, 22 percent are white, 17 percent are Latino, and 3 percent are Asian or Native American. Poverty and unemployment are widespread; more than half of the families live on welfare payments and some 74 percent have incomes under $10,000 per year. Despite the FCRC's solid achievements with tenants, there are still serious needs for a variety of programs and services.

As the result of a long-range plan adopted by the CBPH in 1987, public housing tenants now comprise a majority of the organization's 25-member Board of Directors, which also includes community leaders, representatives of service agencies and educational institutions, and two BHA representatives. There are tensions and opportunities inherent in this structure, for different actors on the Board have both competing and complementary interests. However, at the Board level and in local operations, the CBPH is often effective precisely because tenants are partners in making basic decisions about services for their communities.

Strengthening Family Resources

In improving opportunities for child and family development, the FCRC starts with parents at the community level. The project recognizes that healthy, happy child development depends in large measure on effective parenting, and that effective parents need intact self-esteem, adult social supports, opportunities for personal growth and expression, and fundamental economic and social security. Achieving these goals requires access to quality social and community services which are typically lacking in Boston public housing developments.

The theoretical risk in "starting with the parent" is failing to address the needs of the child, but most parents in public housing, like parents everywhere, have their children's needs most at heart. Personal goals for enhanced education, employment, and relief from welfare dependency are invariably tied to parental concerns that children grow up in safety and comfort, with opportunities for personal development that were often unavailable to the parents themselves. Most of the programs that tenants develop with FCRC assistance provide either direct services to children or teens, or indirect services critical to child and family welfare.

In most developments, the FCRC is working on early childhood care and education programs, or other projects which embrace emerging definitions of "family support" throughout the United States. The Washington-Beech Community Daycare Center is the clearest example, but the project has also developed two afterschool childcare programs and is currently developing another daycare center and two additional afterschool programs. All of these have strong links to local tenant organizations and solid programs of parent involvement.

Other examples of direct family support activities include sponsorship of support groups, workshops, and courses for adults and teens; advocacy to save and improve Head Start programs; development of tot lots and playgrounds; and, in cooperation with a neighborhood coalition, establishment of a Women Infants and Children (WIC) program office. Participation in a major advocacy campaign in 1987 also helped to win $2 million in state funds to renovate basements for use as childcare centers in public housing.

The FCRC also goes beyond common definitions of family support. Recent campaigns resulted in the allocation of over $4.6 million in city funds for the renovation of gyms and community centers in two developments. Tenants are already cooperating with city officials to ensure that the centers will include space for childcare and education programs. The project has also organized residents to improve local bus service to their communities, has assisted in developing numerous recreational activities, and helped to get a city-funded teen outreach program operating in five sites. In several developments, FCRC is helping to secure space from the BHA for a variety of child, family, and community programs. All of these achievements help strengthen families and communities by increasing available resources. Sometimes, they are important prerequisites for developing more traditional family support programs.

Methods

There is no one formula for helping to empower public housing residents, but in all developments, effective work depends on continual "door knocking" — direct, door-to-door contact with residents in their homes. This is true for grassroots organizing and program development with groups of tenants, as well as for individually oriented education and employment referral work. Successful efforts overall depend on a number of variables, but in all cases, on-going, home-based outreach is fundamentally important, along with follow-up recruitment, training, and support.

The FCRC is invited into public housing developments by the boards of locally elected tenant organizations, whose members have heard about the project's efforts in other sites. The first few months of work in a new development include negotiating mutual responsibilities between the FCRC and the local tenant organization, cooperatively hiring staff, and conducting comprehensive assessments of local needs and resources.

Education and employment referral work usually begins quickly, while work on social services involves analyzing the results of door-to-door needs assessments, holding community meetings to set priorities, and organizing tenant service committees. These committees form the bases for FCRC grassroots organizing and program development efforts, and staff spend considerable time preparing and supporting individual members in their different roles and responsibilities.

The FCRC usually helps local tenant committees begin with programs or events that can yield quick successes and help to build group skills, confidence, and trust in cooperative action. Over time, the work becomes more complex, typically involving associations with outside agencies and funders to establish new childcare programs or other services. Tenants learn from their victories and mistakes, develop new skills, and deepen and develop relationships that sustain them through work that is often difficult and draining.

In all developments, as various needs are met, more emerge as priorities. The tendency, therefore, is for staff and tenants not only to initiate more demanding programs, but to take on an increasing number of projects simultaneously. This is true because as new programs are being developed, older ones must be monitored and maintained. Hard-won victories are often unclear and implementation and administrative tasks can drag on for months or become permanent structural responsibilities. Even when outside agencies are persuaded or compelled to assign their own staff for newly developed services, Resource Coordinators and tenant leaders must ensure that programs operate as planned.

Washington Beech children gather for a victory photo after mayor of Boston promises youth workers and new teen center for their housing development.

Self-Help and Community Empowerment

Across the city, the FCRC's method emphasizes broad tenant participation and a self-help approach which links individual and family development with community empowerment. Rather than trying to "do for" public housing tenants, it helps tenants to do for themselves, assisting them to define their own needs and priorities and involving them in all aspects of program planning, implementation, and monitoring.

According to Heather Weiss, Director of the Harvard Family Research Project and a CBPH Board member:

"One of the major things that distinguishes the FCRC is its definition and working out of what empowerment means. What many programs mean by empowerment is providing parents, usually individuals, with information about child development, parenting, community resources, etc., so they can be better parents. It's very much an individualized concept of empowerment. The FCRC does some of this, but has a collective notion of empowerment underlying what it does. The combination of efforts to empower individuals and groups of public housing tenants is crucial if there is going to be continued growth and meaningful effort to improve services."

The empowerment process fosters enhanced dignity and self-esteem. It involves individuals and communities in defining themselves as equally worthy and important as others in society. It strengthens existing relationships and develops new ones which break down isolation and form the bases of participation in community work. It yields a sense of "I can" and "we can" based on experience with winning change through cooperative action. Through the empowerment process, people learn skills that can never be taken away, regardless of whether particular programs and services are discontinued over time. These skills are instrumental in improving tenant organization capacities for effective work, and they help individuals in their personal lives.

Challenges Ahead

With limited staff resources, the FCRC is carefully evaluating how it can best balance its responsibilities in key related areas. First, it must continue to help tenants initiate new services and organize campaigns, and at the same time help to sustain the fruits of past successful efforts. Second, people move in and out of committee work for various personal and family reasons. This requires constant recruitment, training, and support of new leaders, as well as creating ways to enable experienced leaders to continue giving of themselves as their time allows. Third, the project's operational and organizational structures are still evolving. For example, at the Board level, a new Tenant Coordinating Committee is being organized. Through this forum, residents from all the FCRC developments can share concerns and assume increasing ownership and control over organizational policy.

The FCRC has just entered its second phase of three-year funding from its major foundation supporters and the city of Boston. It has developed a comprehensive working definition of family support which assists public housing residents to define their own needs and to pursue them collectively. It is also a model worth exploring for other organizations and communities working with low-income families. By assisting groups to develop needed services, FCRC also helps to increase individual skills and improve self-esteem. In the words of one active parent, "I gained the insight that to be in a low-income area does not mean you must settle for second best. I think more of myself now. I have lots more pride."

Geoff Wilkinson is Program Developer for the Family-Community Resource Center (FCRC). Marie-Therese Brown, Charlotte Dickson, and Phoebe Soares are FCRC Resource Coordinators.

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The FCRC is a member of the Family Resource Coalition.

From Career to Parenthood and Back to Work Again

by Dawn S. Gruen

"Life was wonderful until my first day back at work; the baby had been sleeping through the night, eating well, and was generally content. Now my babysitter is quitting and my life is in chaos!"

Not an untypical statement for a new parent returning to the work force after a maternity leave. Though most parents try to plan well for their childcare, including backup caregivers, there is a feeling of uneasiness that even the best made plans may go awry.

It is precisely this constant sense of another life beyond work — the pull between family and job — that makes the new parent returning to the worksite a different person than the one who left.

Most new parents are unprepared for the dramatic changes in their personal and work lives after the birth of a child. The shift from competent career person to novice caretaker can be jarring. What can one do to be better prepared? How can employers and employees manage the transition more efficiently? The focus of this article is to help both employers and employees understand more about the work re-entry process of new parents following maternity/paternity leaves.

Impact of the Working Parent on the Workforce

In 1970, 50 percent of women between the ages of 25 and 40 worked outside the home; in 1980, the number rose to 63 percent. The projection is that by 1995, 80 percent of women in this age group will be employed, and 90 percent of them will be mothers of children under the age of 18.

This means that for a company employing 1000 people of whom 60 percent are female, approximately 360 of that 600 will require a maternity leave during their time of employment.

Obviously, the more progressive and aware companies will begin to understand they need to address the transitional issues affecting new parents returning to work. The impact of childcare needs, for example, is beginning to be met by the implementation of daycare referral, childcare subsidies, and on-site daycare.

The challenge of childcare is only part of balancing the family and work concern, however. A Bureau of National Affairs report in 1986 found that 77 percent of women and 73 percent of men handled family problems on the job, and that the younger the age of the child, the more stress was experienced by the parent. It was determined that twice as much time was consumed on the job with problems of young children than with family concerns for aging parents.

In order to keep their trained staff members on the job after maternity leaves, many corporations are beginning to recognize they must participate more actively in helping parents resolve their balancing concerns.

Some believe there may be a labor shortage in 1990 and women will be even more in demand; therefore, the companies with the most progressive family support policies will have a better chance of keeping their employees. The primary motivation for facing these issues includes: competition in recruiting the best workers, decreasing absenteeism and tardiness, cost of retraining new workers, and maintaining high morale through a supportive environment which, in turn, increases productivity.

What are the Transitional Issues for New Parents?

Federal and state laws now protect the rights of pregnant women by ensuring they are not deprived of their jobs, salary level, or seniority if they take maternity leave. However, the implementation of maternity leave policies differs from company to company throughout the nation. Maternity leaves vary from six weeks to six months, with an average length of three months. Four out of seven women return to work within four months, primarily for economic reasons or fear of jeopardizing their jobs.

Some companies have increased their maternity/paternity benefits in the last five years, and others are changing their promotion and seniority policies to avoid discriminating against those who take such leaves.

Beyond the economic concerns of maternity/paternity leave, there are emotional concerns which impact the returning worker. Many new parents encounter a variety of emotionally trying situations, unknown in their previously predictable, stable lives.

Guilt is one of the most difficult and pervasive of these issues for new parents who often feel a great loss at missing time with their child and not witnessing landmark first events. Other concerns build up around the impact of childcare on the youngster's development and whether the child may become too attached to the substitute provider.

Frequently, new parents also experience a change in values and priorities that can become troubling and add to the confusion of the former and new self. Performance on the job may not change, but commitment to overtime and extended travel can feel burdensome. Negative feelings at work can create more irritability at home, which increases the sense of distress and affects the marital relationship.

Role overload is the most consistent complaint of new parents: too much to do in too little time. The more difficult and complex the work assignment, the more stress on the employee, creating demands which may come to feel unmanageable. Stress impacts all parts of the work and family life, and has a definite negative correlation to productivity.

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Transitional Issues for Supervisors

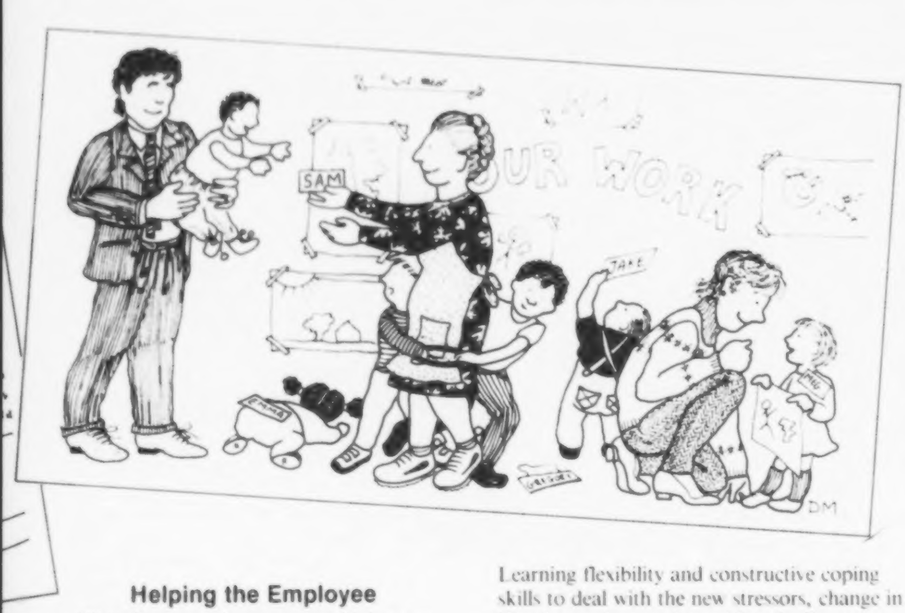
Experts agree that the relationship between a supervisor and an employee can contribute to the stress level and productivity of the worker. If the worker perceives the supervisor as supportive and empathetic, the relationship is more likely to create a loyalty to the job and increase productivity. If the supervisor gives no credence to family/work conflicts, the worker tends to bear the stress in ways that may impede her/his performance.

Mid-level managers are often caught in the middle between the company's policy to maintain strict budget and production demands and trying to help individual employees with their family concerns. Overall company policy needs to support middle management to resolve work/family conflicts rather than deny their impact on the worksite.

Managers appear to be less aware of the

everyday crises of the working parent, and tend to pay more attention to the extreme concerns of substance abuse or severe marital discord. The result is that they may be less sensitive to childcare concerns, sleep deprivation, or worry over sick children, which are less obvious but affect work performance on a more frequent basis.

It appears that women talk to their supervisors less than men do about their working parent-concerns, probably out of a fear of jeopardizing their jobs. On the other hand, the fear of getting too involved in family affairs keeps managers from querying their obviously distressed employees. Therefore, unresolved issues impact stress levels and continue to impede job performance.



Helping the Employee

The adjustment issues of combining new parenthood with career can be eased with some education and preparation for the changes. Experts in the field can help the employee anticipate and plan ahead for the re-entry process. This can be accomplished through both individual and group sessions with parents as well as a written information packet distributed prior to maternity leave.

New parents should receive consultation during pregnancy (before maternity leave takes place) to assess their needs and expectations, and to help promote a variety of potential options for the postpartum period. Many new parents get caught in their expectations of being "superparent" and "doing it all." Disappointment in themselves and guilt over not managing as well as they had expected can narrow their perspective and keep them from being flexible with themselves during this time period.

Prior to a maternity leave, the employee should be helped to assess job demands, schedule flexibility, deadlines, and travel requirements. This type of evaluation can help the new parent realistically anticipate areas of potential concern and work toward preventing problems.

New parents also need to think about their social support network and who could provide the much needed emotional, physical, and domestic help if and when they are needed.

Because pregnancy and the postpartum time are very emotional and unpredictable in nature, it is helpful to have trusted friends to consult with about questions in a variety of areas. Gaining perspectives about stages of parenting, child development, and one's job can be useful before making crucial decisions such as when and how to return to work.

Former coping mechanisms often seem less effective after the culture shock of childbirth. Learning flexibility and constructive coping skills to deal with the new stressors, change in identity, and normal transitional adjustments can be useful at this time. Being more problem-focused appears to resolve work/family conflicts more effectively.

New parents are often surprised by a change in their priorities; previous concerns feel trivial and new issues become paramount. Perspective questions can help evaluate what is most important during this transitional time. Asking "What's the worst that can happen if the house doesn't get cleaned," or "How will my career be affected if I choose to work part time or not accept a promotion," can help one to decide how to approach a particular issue. Thinking of childrearing years in relation to one's total working life and prioritizing what is most important in each situation will help the new parent be most effective both as a parent and as an employee.

The new parent also needs to understand the difference in role requirements between work and home, and to give him/herself some break time to shift gears and roles going from one to the other.

Helping the Employer

Overall company policy needs to support supervisors and middle managers to value work family issues and to understand the impact of this transitional time for their employees. Similar methods to those used with employees — small group training, consultation, and information packets — could facilitate this process.

Other suggestions include:

- Learning about employee needs and concerns directly by conducting an assessment through surveys, focus groups, task forces, or question and answer boxes.
- Training direct supervisors in the developmental changes they can expect from parents returning to work after a maternal/paternal leave.
- Establishing contingency plans that allow time away for new parent employees and create a cooperative work group that accepts the need to periodically cover for one another.
- Providing working parent seminars and discussions enabling employees to problem solve with each other about their work/family balancing concerns.
- Understanding new parenthood as a natural change in the life cycle and offering counseling and resource help positively rather than as a definition of problem.
- Establishing an overall company policy to support the reality of working parents' lives by helping mid-line managers work with the conflicts they see their employees encountering.

Summary

Perhaps the "bottom line" needs to reflect that just as work is an economic necessity for most new parents, their employability is of major importance to business and industry. Thus, work and family life issues will continue to affect a growing population of parent workers and their employers. Companies that face and prepare for the realistic concerns of pregnant and parenting employees can increase their ability to recruit and keep capable workers, reduce absenteeism, contain costs, and bond the worker with the company. New parents entering and returning to the workforce can be aided significantly by an awareness that maintaining a healthy balance between family life and work life is everyone's concern.

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Photos: Elayne Wishart

Parent Evaluations Monitor Program Effectiveness

by Carol R. Keyes

The Pace University Parent Center (PUPC), one of three programs within the Child Study Centers of Pace University, opened in October, 1982, to support the increasing number of families moving into downtown New York City. The center was designed as a place where parents could explore common problems in an encouraging social setting, discuss child development and parenting based on current research, and practice parenting skills together in a supportive environment.

As part of the design, parent education meetings were offered to help parents find their own style of child-rearing, one that made them feel comfortable as parents, partners (if they had one), and persons, but did not fly in the face of child development.

From the first week of operation, PUPC staff asked parents to complete two brief evaluations of each session they attended to help us monitor the program's responsiveness. The dual purpose of this article is to describe that formative evaluation process in which the parent participants gave continuous feedback on the group process and the use of the program material in their own lives, and to describe some features of the parent education program attended by middle and upper income families.

While there has been no comparison group, the evaluation format is one that other groups could adapt to ensure that programs are working for parents. After a brief description of the program, the article will describe the rationale, form, and some of the strengths and limitations of this evaluation process, based upon our experience with it.

Description of the PUPC Program

During the first three years, the program consisted of several daytime series for parents and infants, parents and toddlers, a course for students, and occasional evening seminars for adults. The daytime series, which were evaluated, offered parents and infants and parents and toddlers the opportunity to have fun together with activities and experiences to enhance their learning and interaction. Each series consisted of two-hour morning meetings held once a week for ten weeks. The sessions took place in one room—parents and children, students, and leader all together; each meeting consisted of discussion time as well as play time.

The parent/infant series focused primarily on parent needs. The parent/toddler sessions involved play with sand, water, and playdough followed by a discussion of the value of each and strategies for their use. Early Childhood majors, enrolled in an infant/toddler development course, supported children's play while parents and a parent leader held their discussion in the same room. Meetings varied in format; sometimes they began with parents' experiences, and at other times content was presented first.

Parents chose the topics they wanted to discuss at the first meeting. We determined the order in which we would talk about the topics and actually kept to that order, week by week, unless someone had a crisis, i.e., a sleepless night, regression in some aspect of development they thought they'd completed, etc., in which case we talked about that first. Some of the topics parents chose for discussion were: changing from life without a baby to life with a baby; schedules; working; shared parenting with dads; grandparents; time for personal needs; parental expectations; non-verbal communication; setting limits; holidays and vacations; development; play; discipline; toilet training; weaning; sleeping; and having another baby.

The Families Who Attended the First Three Years of the Program

There were sixty-one parents who used the center from the fall of 1982 to the summer of 1985. Approximately seventy percent were Caucasian, sixteen percent Asian, five percent Black, and four percent Hispanic. Parents ranged from 25 to 50 years old, with a median age of 35 for mothers and 36 for fathers.

All the parents had graduated high school. Seventy-six percent had gone on to college, with fifty-six percent having graduate degrees. Thirty-two percent of the families were dual career couples with diverse occupations. Among our participants were bankers, teachers, an economist, riggers, a fireman, potters, homemakers, architects, choreographers, postal workers, and pediatricians. Their incomes ranged from $25,000 to $100,000 a year, with an average income of $46,000.

Thirty families started with us the first year. Of that original thirty, fourteen attended the second year as well, and seven the third year, in addition to the new families who enrolled. Sixty-one percent of the families started when their children were infants, while thirty-nine percent began when their children were toddlers.

Parents attended a varying number of sessions. How many depended on the age of the children, whether they were staying in the area, etc. For example, 25 families attended only one series of ten weeks, while 11 families attended four series, or forty weeks, and 4 families attended seven series. Of the families who were with us through the summer of 1985, 22 continued in our nursery school, 4 continued in the parent center, and several considered returning with their second baby.

The Evaluation Process

We were aware that in research communities, formal evaluations used a large sample or comparison group and often involved an external person as evaluator. But because we were evaluating one program and looking for immediate response from its participants, we deliberately chose a formative evaluation style. With this method, we could look at the program as it developed to see if it was being implemented as designed, highlight its strengths, identify areas for improvement, look at the overall process, keep tabs on the leader, and address the parents' perceptions of its value. Based on this evaluation, the program could be modified in terms of form, implementation, and expansion.

Focusing on the weekly sessions, we created two evaluation forms, each with two questions; one form was distributed at the beginning of the session and another at the end. Purposefully, the questions were kept short, open-ended, and easy to complete—all basic to keeping parents interested and cooperative.

Beginning with the second meeting, each parent was given a 5" x 8" form as they entered, had coffee, and got settled. The questions asked:

1. Since our last meeting, were you able to use our discussion, presentations, etc., to help you in your parenting role? Yes No
2. Did our sessions help you:
    a. make a decision differently?
    b. do something differently than you would have before?
    c. share information with someone?
    d. other?
    Please describe briefly.

The second evaluation, distributed at the end of the session, focused on the group process and asked:

1. Is there anything about the way the group operates that is particularly effective? No Yes (if yes, please describe)
2. Anything about the group that is ineffective? No Yes (if yes, please describe)

Completing these forms every week was strictly voluntary, but parents were diligent in filling them out. At the beginning of the program and during each new series, we explained to parents how the evaluations would help us make sure we were meeting their needs.

For example, early in the program development a number of evaluations on the group process noted that the sessions had wandered from topic to topic. As a result of sharing these comments, the parents took it upon themselves to keep the group on focus. When a parent strayed from the topic, parents either brought the conversation back on target or found out whether it was important to help a particular parent work through a troubling issue.

Frequently, new parents evidenced low self-esteem initially, and took a nonactive role based on their lack of experience as parents. The regularity of feedback therefore, was very important to the parents' progress, helping them build confidence week by week rather than waiting for an evaluation at the end of the ten-week series.

What the Evaluation Told Us

Feedback from the weekly forms showed that peer interaction, conversations with professionals, and play with their children helped parents develop self-confidence about their role and allowed them to reflect on behavioral changes they had implemented.

Many career parents, for instance, had not realized until the group experience that their management and job abilities could be applied to home and family. They found themselves bored with parenthood. Without enough new parent information, they were unable to plan their days to include household chores, time with their child, or time for themselves. Highly educated and income producing, it was apparent that like all new parents, they needed a common body of content on child development, home management, and activities for children.

Parents completed the evaluations over a period of three years, at which time they were categorized—some described the group process that the parents favored, and some reported changes in behavior, language, or communication.

Most parents found it effective to work on a specific pre-planned topic each week with opportunities to discuss problems and issues in depth. Within the group, they learned to speak more freely, share their feelings, information, and knowledge, and gain spontaneity.

Parents also reported a variety of changes in behavior and attitude: using positive language with children or speaking in a different tone; incorporating play and reading time into the daily routine; developing new approaches to discipline; communicating more confidently with partners and peers; choosing toys/books/games and activities based on knowledge of child development; recognizing their experiences were not unique; managing stressful periods and feelings of isolation; and gaining comfort with individual parenting styles.

Thoughts on the Evaluation Process

For the staff, the evaluation process worked well. We believe it did in part because of our ability to communicate our earnestness in wanting feedback, giving parents examples of the value of their responses, and our use of parents' comments to actually modify, change, and develop sessions. This type of evaluation can be successful if individuals are comitted to it and parents know that they are.

After the program's first three years, other leaders were not as committed, and the process has not continued as effectively. Some leaders had difficulty with the evaluation process itself. Others said they would rather have parents evaluate out loud as a group. While that is certainly an option, and was possible during our sessions, we felt there were additional gains to be made through anonymous recording and self-reflection. Some parents allowed themselves to say what they might not have said out loud, and to think about how the meetings had helped them in their own process with the program.

In reviewing the evaluations of the first three years, the parent center seems to have met its goals in terms of providing a supportive environment where parents could learn about child-rearing, practice their skills, and talk with peers. Parents have found our group structure suitable, and reported thoughtful changes in their way of parenting.

Our basic goal continues to be the enhancement of parents' abilities, not as experts but as facilitators and partners, helping them to define child-rearing styles that support their children and gain recognition for themselves as parents, as partners, and as individuals.

Carol R. Keyes, PhD, is an Associate Professor of Early Childhood Education, and Director of the Child Study Centers at Pace University, as well as chairperson of the National Coalition for Campus Child Care, Inc. She was the parent coordinator and leader at the time this evaluation took place.

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Dr. T. Berry Brazelton and Elizabeth Blackwell Center staff

A Hospital-Based Parenting Program

by Susan Coady, Judith Smiley, and Susan Brooks

A common adult response to a small baby is a feeling of intense responsibility and protectiveness. At Riverside Methodist Hospital in Columbus, Ohio, where more than 4,000 babies are born each year, an equally strong feeling of commitment to the future of these children and their families led to the development of a comprehensive parenting program.

At the Elizabeth Blackwell Center (EBC), a Women's Health Center housed within the larger hospital, we have designed a parenting program that begins when couples are considering pregnancy. It includes birth education classes, a post-birth reunion class, and parenting education and support that continues through a lifetime of parenting.

The concept of a hospital-based parenting program is as revolutionary today as the inception of birth education programs was in the 1950s. We anticipate, however, that in the future, "prepared parenting" will become the expectation of couples just as "prepared childbirth" has now become standard for much of the population.

In this article, we will describe the philosophy of our program, highlights of its planning and implementation, the program as it exists today, and our evaluation strategies.

Philosophy

From the beginning, the philosophy of the program seemed to already exist in the minds of its designers. In our discussions about what was important for new parents, we shared the belief that parents should be nurtured and empowered through support and education. We were also in agreement that the process of parents learning from each other and through the support of professionals was as important to parents as acquiring specific skills.

Early in the design state of our project, we adopted the following philosophy statement: "We cherish and believe in children, their parents, and the family that they become. We believe that wholeness and health in the individual and the family can be facilitated through self-understanding, education, and support. We believe that continued involvement in a supportive learning environment during the parenting years will benefit child, parent, and society." This stated philosophy helped us remain focused as we moved ahead with our design.

Designing the Program

Program exploration and development at EBC always begins with listening. Therefore, in order to assess interest in parenting education and support groups, a questionnaire was mailed to 1080 former hospital maternity patients asking about their source of parenting information, what parenting topics would be of interest to them, and if they were comfortable with their knowledge of child development and parenting.

There was a 19 percent response rate; 48 percent of the respondents were first-time parents and forty percent of the respondents indicated that they needed more information on parenting. Specifically, they were interested in positive discipline, understanding children's emotions and developmental levels, and learning how to enhance child and parent self-esteem.

Concurrently, a group of parenting professionals assessed the availability of such information for new parents in our community. They found that preparation for parenting during pregnancy and support for new parents was very scarce. What did exist was not provided at a central location and lacked a common philosophy. An interest and need existed!

Our next step was to recruit advisors to help us design a top-notch program. We wanted to secure a strong group of hospital staff members and community parenting professionals and, additionally, to involve national leaders in the field. The resulting group of consultants, the Parenting Advisory Committee (PAC), provided much of the expertise and support for this project. Membership included hospital physicians, nurses, and administrators, and a diverse group of community leaders in disciplines related to parent education.

A contract formalized the relationship between the consultants and the hospital; many of the consultants who were not affiliated with the hospital received consulting fees for their services. Working together, the consultants found that although they had a common belief in the philosophy and a commitment to the parenting program, each had a personal style and individual orientation to incorporate into the whole. Negotiation, compromise, and acceptance of individual strengths were required. This group met twice each month, and close bonds developed among group members.

To expand our knowledge of the field and to ensure depth and quality for the program, consultants who were nationally recognized experts on parenting were invited and met with us to discuss our plans and to offer their wisdom about how they would design such a program. In addition, each of these consultants made a presentation to the community, sponsored by Riverside Methodist Hospital, which served both to inform the community and to show the hospital's commitment to parent education. The consultants who participated with us were T. Berry Brazelton, M.D., Clinical Professor of Pediatrics at Harvard Medical School and author; Virginia Satir, family therapist, teacher and author; Dorothy Briggs, author and expert in the study of self-esteem; and Susan Luddington, Ph.D., author and professor of Maternal and Child Health. Each specialist made significant contributions to our program and encouraged us to move forward.

A synthesis of what we learned from these professionals follows:

- Our goal is to empower, not merely to inform. Process rather than product is to be emphasized.
- There are teachable moments — times when parents are more willing to learn or listen. Times of transition open the family system to change.
- Self-esteem is the basis for a healthy childhood and adulthood. It should be

members visit a new mother and baby.

encouraged in new parents through unconditional acceptance and nurturing.

- The family should be the focus of our program; all family members should be included. Changes in marriage that occur with the addition of a new family member should be addressed and support provided.
- Working and single parents need special consideration; we need to meet parents at a time that is convenient for all.
- Revisiting parents' own upbringing is important. Parents who love themselves as unique, whole beings can nurture children rather than use them to fill gaps in their own development.
- Portray parenting as a joy. Emphasize the strengths that parents possess.
- Keep careful records; document needs and evaluate the program.

Ready or not, the "birthing" of the Program for Parenting took place in September, 1987. Two important components of the program were developed from existing services:

1. Through our Family and Birth Education Program, the following classes are offered: Couples to Families, Lamaze, Early Pregnancy Workshop, Pregnancy Exercise Program, Preparation for Breast Feeding, Cesarean Birth, Grandparent Program, and Prospective Sibling Program.
2. The Women's Health program features: telephone and individual consultations with nurses and social workers, educational classes, support groups, and a resource center.

It was a natural transition to develop parenting services from these existing programs. The following are now offered:

- The Family and Birth Education Program continues to respond to increasing numbers of participants.
- Family Homecoming Services provides a special pleasure for new parents by offering assistance with childcare, housekeeping, and errands.
- Parenting Warmline provides contact with a health professional who is only a phone call away.
- Individual Parenting Consultations offer opportunities to discuss issues of concern; this professional service is provided without charge (although donations are encouraged).
- Educational Gatherings for Parents offer classes that range from first considering parenting through the developmental stages of childhood. They include cognitive, emotional, and developmental aspects of parenting.
- Support Groups invite parents to share their own parenting history as well as their current parenting questions.
- Parenting Resource Center makes books, articles, fact sheets, and tapes available to parents.

Implementation of the Program

Two obstacles were encountered during the initial stage of implementation; 1) Since program implementation was to be carried out primarily by the staff of the EBC, the initial work of the Parenting Advisory Committee was finished, and regular meetings of the group ended. Many of the community consultants were reluctant to "let go" and resisted moving into the implementation stage. 2) Members of the medical staff who were not involved in the planning stage of the program became somewhat resistant to the changes and the proposed programs that would affect them. We became aware of the necessity for planning transitions and for including all involved professionals from the beginning.

We have made progress in resolving both of these concerns. For example, we held a one-day retreat for the PAC and EBC staff to facilitate the transition, exchange information, and to plan the next step which was the development of a parenting team consisting of a nurse consultant, an educator, and a social worker. Parent Advisory Committee members were given the opportunity to choose how they would like to remain involved, and an Ad Hoc Committee, linking the parenting program staff and the physicians, was formed to increase communication and to resolve issues that arise during the implementation of the program.

The administration of the program requires multidimensional strategies. Initially, emphasis was directed to training staff, marketing the program, and implementing the various program components. For example, one consultant agreed to be a master teacher for trainees and provides inservice training sessions for birth education teachers using the philosophy of the new parenting program. This provided a much-needed link between new parents and our plans for their continuing support.

Announcement of the program was made in the EBC quarterly calendar which is distributed to 80,000 families in targeted areas of the city. A parenting fact sheet was also developed for the hospital's new parents and for the community. One component of our program, the teen pregnancy service, was expanded through the implementation of a prenatal and a postnatal support group.

Evaluation of the current programs will give us direction for future course offerings. We continue to investigate other sources of ideas and support for our program. Within the past six months, we have been privileged to receive three community funded grants to expand our work.

Evaluation

From the outset, the group of professionals planning this parenting program were concerned with evaluation strategies. There were many questions that we wanted evaluation to answer, related to marketing, program, the needs of our population, and a burning desire to document our success in helping families during this transition. At this time, our dreams for the type of evaluation that we would like to conduct far exceed our ability and readiness to conduct it.

However, we discovered that a less complex evaluation plan would meet our immediate needs. Our current evaluation package consists of two short questionnaires that are given to each parenting class participant. The first questionnaire relates to the content of the class in which they have just participated, with open-ended statements about what they liked and didn't like, what they learned in the class, and what other topics they would like to discuss. The remainder of this questionnaire is devoted to marketing and asks where they learned about our classes, their other contacts with the hospital, and personal demographic information.

The second questionnaire is geared to the participants' current feelings about parenthood and their general parental awareness. The Likert scale questionnaire consists of thirty statements, each about some aspect of being a parent, and is handed out before each class begins. If the class is part of a series that has three or more sessions, the questionnaire is administered at the end of the series to ascertain any changes in parents' feelings. We are just beginning to analyze the data and it appears the questionnaires have generated helpful information.

Conclusion

We are more than half-way through the second year of program development. During the first year we identified and refined a philosophical approach that would best represent the hospital's mission. The first year also served to alert the community that the hospital was committed to developing a parenting program.

During this second year, the transition from ideas to actual programming is proving to be exciting and successful. We have established parenting consultants, educational classes, and support services. We have begun to form important linkages with the hospital's medical professionals who are involved. We have provided the birth education staff with information about the philosophy of our program. We have asked participants to evaluate the classes and we look to their responses to help us grow. We are upheld by a forward-looking administration, a dedicated staff, and the encouragement of parents who show their appreciation by participating. We anticipate an exciting future in parenting education!

Susan Coady, PhD, is a faculty member in the Department of Family Relations and Human Development at Ohio State University. Judith Smiley, RN, BSN, is the manager of nursing and parenting coordinator at the EBC. Susan Brooks, MHA, is the manager of education and administration at the EBC.

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The Elizabeth Blackwell Center and Hospital Program for Parenting is a member of the Family Resource Coalition.

More Program Building Resources

Note: Our publication, The Family Resource Program Builder, contains an annotated listing of almost 100 resources for those who wish to start programs for parents as well as curricula and materials to use in facilitating groups for parents. A supplement to that Sharing Resources section appears below, describing materials that we have recently discovered or are new to the field.

The **Effective Black Parenting Program** is based on skill-building and designed specifically for Black families. The result of more than a decade of research and field testing, the program was developed by the Center for the Improvement of Child Caring (CICC).

The objectives of the program are to foster family communication, wholesome Black identity, extended family values, child growth and development, and healthy self-esteem. Developed for parents of 2-12 year old children, the curriculum consists of fifteen 3-hour training sessions taught on a weekly basis. Parents follow each session with the aid of a manual and complete weekly homework assignments. Beginning by helping parents clarify the life goals they have for their children, the program orients the parents to those characteristics in their children that need to be nurtured and cultivated so the youngsters will have a better chance for attaining the goals. The focus is on the role of the parent as a model for teaching love and understanding, self-discipline, pride in Blackness, good health habits, and good school skills and study habits.

The Effective Black Parenting Program was designed for agencies, schools, and other community institutions, and is taught by instructors who have been trained and certified by CICC. The Center will also make contractual arrangements to train agency and school district personnel as instructors. A similar program for Hispanic families is being developed by CICC. *Black Parenting: Strategies for Training*, a publication that includes, among other things, guidelines for implementing parenting programs in Black communities and specific strategies for making programs culturally relevant, is also available.

Contact: CICC, 11331 Ventura Blvd., Suite 103, Studio City, CA 91604, 818/980-0903.

The **Home-School Partnership Project** of Wheelock College has recently completed its instructional kit, Building Home-School Partnerships with America's Changing Families.

The materials were developed to help leaders run workshops for parents and school personnel. Thirteen original case studies tell examples of conflict between home and school from the points of view of parents and school staff. Individuals were interviewed and their stories written so that readers could experience the feelings and understand the position of each person involved. The cases describe stories of children (preschool to twelfth grade) in both regular education and special education programs. All of the cases have been successfully piloted with audiences of parents, school personnel, and/or pre-service students. An accompanying Leader's Guide contains suggested discussion questions and workshop exercises for each case.

Two types of "how-to" handouts have been developed for workshop or course participants. One type identifies and describes specific skills which are essential to good personal communications such as listening, receiving negative information, and delivering negative information. The second type focuses on structural or systematic ways of supporting parent-professional interaction such as structures for effective transitions, improving parent-teacher conferences, and structures to support teachers.

The kit also includes a set of slides with an accompanying cassette that describe changes in American family life during the past several decades, highlighting shifts in family structure, maternal work patterns, and family poverty. There are also ten "promising practices" which outline effective strategies that school personnel have developed to handle difficult home-school issues, and a comprehensive annotated bibliography.

Contact: Home-School Partnership Project, Wheelock College, 200 The Riverway, Boston, MA 02215, 617/734-5200.

Siblings Without Rivalry is a group workshop kit developed by Adele Faber and Elaine Mazlish, the authors of *How to Talk So Kids Will Listen and Listen So Kids Will Talk*. The program is composed of six 1½-2 hour sessions, covering topics that include: helping siblings deal with their feelings about each other; effective alternatives to making comparisons of siblings; siblings in roles; when the kids fight; helping children deal with problems they can't work out by themselves; and a final review. The group workshop kit also includes a Leader's Guide, six audio-cassettes, participant's workbook, and a copy of *Siblings Without Rivalry*.

The program provides a complete framework for each meeting, and the authors conduct each session on tape. Group members follow along using their workbooks, which are coordinated with the tapes. As each new skill is presented, group participants have a chance to discuss their reactions with each other and to consolidate their new learning by doing practice exercises in their workbooks. Participants also have opportunities to role-play common problem situations with the group.

A group workshop kit based on *How to Talk So Kids Will Listen* is also available.

Contact: Negotiation Institute, Inc., 230 Park Avenue, New York, NY 10169, 212/986-5555.

The Next STEP is a program designed for graduates of STEP and STEP/TEEN courses. Through this curriculum, parents take an in-depth look at themselves and at the beliefs and attitudes that shape their parenting styles. The program is designed to help parents learn how to apply STEP concepts and skills more effectively; to gain new information and skills that will help them improve relationships with their children; to share and receive help with their individual parenting concerns in a problem-solving group; to discover ways of building their own and their children's self-esteem; and to examine how lifestyle beliefs may be affecting their parenting.

Each session of The Next STEP includes the problem-solving group, a peer experience in which every parent has an opportunity to present the group with a problem they may be having at home. Group members then follow a specific seven-step sequence of problem-solving to help one another find solutions. In the eyes of many parents, the opportunity to share ideas and concerns in a supportive atmosphere has made the problem-solving group the most useful feature of this program.

The complete program consists of The Next STEP kit and The Next STEP video. A course can be led using The Next Step kit alone, however. The kit includes the Leader's Guide, an instructional manual presenting detailed session plans; a parent handbook titled *The Effective Parent*, which is the basic text for the course; and three audio-cassettes which illustrate typical parent-child interactions and demonstrate ways of applying skills taught in the course. The kit also contains two wall charts outlining discussion guidelines and the steps of group problem-solving, and publicity aids to help promote the program.

The Next STEP video comes with its own Leader's Manual. The video has three segments: Parenting with STEP, which explains and illustrates the program's basic concepts; The Problem-Solving Group, which describes and illustrates that process; and The Family Meeting-Making it Work, which offers guidelines for conducting family meetings.

Contact: American Guidance Service, Publisher's Building, Circle Pines, MN 55014, 612/786-4343.

The Nurturing Program is a home-based program for parents and young children from birth to 5 years of age. The Nurturing philosophy of raising healthy children identifies five major learning principles:

1. The family is a system. To change the system, all members must be involved.
2. Appropriate and inappropriate parenting exist on a continuum. All families experience healthy and unhealthy interactions to some degree.
3. Adults and children learn on two levels: the cognitive (knowledge) level and the affective (feelings) level. To be effective, education/intervention must engage the learner on both levels.
4. Adults who feel good about themselves as either men or women stand a better chance of being nurturing parents. A major program goal is to help women and men, as

well as girls and boys increase their positive self-esteem and self-concept.

5. All families, given a choice, would rather display happy, healthy interactions than abusive, problem interactions.

The program is based on forty-five individual, home-based sessions, each session lasting approximately 1½ hours. In the first 45 minutes of each session, parents and children engage in family activities; for the remainder of each session, activities are designed primarily for parents. An Activities Manual outlines each of the 45 weekly sessions with specific goals, objectives, and procedures. The program is carried out through discussion, role-playing, puppets, filmstrips, resource materials, games, art, and music. (All of these materials are available from the distributor, Family Development Resource, Inc.) The printed resource materials for parents are at the fifth grade reading level. All of the home-based sessions can be adapted for group meetings with parents and children 2½ years and older.

A group-based program for parents and 4-12 year old children is also available.

Contact: Family Development Resources, Inc., 767 Second Avenue, Eau Claire, WI 54703, 713/833-0904.

WE is a newsletter for nurturing support groups created by Jean Illsley Clarke, the author of *Self-Esteem: A Family Affair* and *Self Esteem: A Family Affair Leader Guide*. Published six times a year, the newsletter is written especially for people who are running or belong to a support group. It features a suggested format, how to begin a group, activities for meetings, and suggestions for closing. WE also provides information on group dynamics. The articles contain specific examples and suggestions to help build and maintain successful groups.

Contact: WE, 16535 9th Avenue N., Plymouth, MN 55447.

Families: A Practical Series on Family Life is a 12-session videotape program for parent groups. Using a live studio audience of parents, the videotapes present the interaction between the parents and Fred Schott, a training professional. Four major topics are covered in the twelve sessions: Helping my Children Feel Good about Themselves (4 sessions), Discipline: Making Them Mind Me (3 sessions), Teens: Those Strange and Wonderful Creatures (3 sessions), and Communication: The Family Super Glue (2 sessions).

Families is accompanied by a Leader's Guide containing step-by-step instructions for introductory and group exercises, discussion questions and answers, and handouts that can be copied for participants. The Guide offers learning options depending on the size of the group and time available for each session. It also suggests ways to use professionals as resource people. Included with the tapes and the Guide is the Families Promo Pak, containing materials to assist in publicizing the program.

Contact: EML Enterprises, Inc., 1404 N Avenue, P.O. Box 7167, Omaha, NE 68107, 402/731-8581.

Reel to Reel

by David L. Giveans

Family Issues Films for the Practitioner

The concept of family continues to change and become more complex. The following list of films will form a significant nucleus of information for family resource practitioners and centers.

Parents and Children *(1979, 24 min., 16mm/video, producers: Norman and Gladys Baxley, Research Press).* Includes meaningful discussion of discipline. Encourages parents to teach children through the proper use of behavioral methods. An overview of reinforcement principles is presented in clear, nontechnical language.

Parents with Careers *(1985, 32 min., video, producer and distributor: Parents with Careers).* Offers a unique, thought provoking series of six "trigger" vignettes dramatizing issues relevant to working and parenting. Comprehensive leader's guide available.

In the Middle: A Portrait of Mainstreaming in the Schools *(1987, 28 min., 16mm/video, producer: Bea Gold, Fanlight Productions).* Film documents the worries and joys shared by the parents, teachers, and classmates of a four-year old with spina bifida during her first year in Head Start. Many problems typical of mainstreaming are confronted.

Hunger Versus Love *(1987, 37 min., video, producer: Geoff Parr, The Glendon Association).* This probing documentary explores the damaging effect on children of parental behavior motivated by emotional hunger. Interviews and group discussions with concerned parents illustrates the subtle differences between destructive and nurturing behaviors.

Joint Custody: A New Kind of Family *(1987, 85 min., 16mm/video, producer: Josephine Dean Productions, New Day Films).* This three-part film explores the difficulties and rewards of co-parenting as an increasingly popular custody choice and how children adapt to living in two homes.

Stepdancing: Portrait of a Remarried Family *(1987, 16mm/video, producers: Robert Lang and Deborah Magidson, Pyramid Film & Video).* An honest, true story of one blended family. A candid, encouraging glimpse of the challenges and joys of living with two families in two homes. Film speaks on many levels to children and adults alike.

Handle with Care *(1986, 25 min., video, producers: Susan Levine and Sara Freedman, Real to Reel Productions).* A positive presentation offering resources and techniques for raising and defusing the issue of child sexual abuse among the two groups crucial to the welfare of children — their parents and their daycare providers.

Sex and the American Teenager *(1985, 32 min., 16mm/video, producer: Terry Meurer, Pyramid Film and Video).* In an honest, non-threatening way, film dramatizes the communication barriers existing between adolescent boys and girls, and between teens and their parents. Encourages parents to listen and hear what their children are saying and asking.

Taking Charge: Teens Speak Out About Sexuality and Birth Control *(1986, 21 min., producer: Dave Iverson, Fanlight Productions).* Examination of myths and misconceptions teens hold about birth control and sexuality, and the complex realities they confront in seeking to deal with the newest aspect of their lives.

The Pitch of Grief *(1986, 30 min., video, producer: Eric Stange, Fanlight Productions).* A look at the emotional process of grieving through intimate interviews with four bereaved men and women of varying ages. Helpful for individuals, family friends, and health care workers as well.

My Mother/My Father *(1984, 33 min., 16mm/video, producer: James V. Bosch, Terra Nova Films, Inc.).* Depicts four families, each faced with the need to provide care for an aging parent. Families openly discuss changes, questions, stresses, and rewards of caring for senior parents.

Too Little, Too Late *(1987, 48 min., video, producer: Micki Dickoff, Fanlight Productions).* A program about families of AIDS patients. Several of these families share their pain and frustration regarding society's reactions to persons with AIDS — as well as the solace they have derived from having been able to help their loved one to a peaceful death.

Film Distributors

Fanlight Productions
47 Halifax Street
Boston, MA 02130
617/524-0980

New Day Films
22 Riverview Drive
Wayne, NJ 07470
201/633-0212

Parents with Careers
2513 Oakenshield Drive
Rockville, MD 20854
800/443-2671

Pyramid Film and Video
Box 1048
Santa Monica, CA 90406
213/828-7577

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Terra Nova Films
9848 S. Winchester
Chicago, IL 60643
312/386-6150

The Glendon Association
2049 Century Park East
#3000
Los Angeles, CA 90067
213/552-0431

David L. Giveans, noted authority on non-sexist education, parenting, and fathering issues, is the publisher of the quarterly, Nurturing Today: For Self and Family Growth. *In addition to writing, lecturing, and media appearances, his company, The Fathers' Exchange, is now coordinating on-site commercial exhibits and video film festivals for educatonal and parenting conferences. For further information, write: 187 Caselli Ave., San Francisco, CA 94114, 415/861-0847.*

Putting Families on the Political Agenda

by Mary Brandon

By 1990, in the middle of the next President's first term in office, more than half of all children under 6 will have working mothers. In 80 percent of two-parent families, both parents will be working. Projections also indicate that the alarming poverty rate among children will continue to rise; currently, more than 25 percent of all children spend part of their childhood in poverty circumstances. These statistics illustrate dramatic changes taking place in American families.

These changes also alter the focus of Presidential debate as the welfare of children and families emerge as a significant theme for candidates in 1988. Recent polls unearthed a strong and growing public desire for government action on a wide range of children's issues, including the improvement of public schools, provision for early childhood education (especially for poor children), and expanding the investment in immunization programs.

Democratic pollster Peter D. Hart points to a recent poll in which voters reflected as much concern about children's issues as they did toward foreign policy and the farm crisis. Seventy percent of the respondents said the next President should give the plight of children more attention; not even the trade issue showed greater voter concern. More than 60 percent of those interviewed in a December 1987, *New York Times*/CBS poll agreed the government should ensure that quality day care and afterschool programs for children are available.

Two strong indicators of concern stem from a recent Louis Harris study which revealed overwhelming support for government to provide more day care services for children of poor, working mothers (88 percent favor), and for government supported health care for children who currently lack such coverage (90 percent favor).

Clearly, there is a growing consensus to expand and support the efforts of government and other institutions and organizations to focus on these needs and to support parents. This concern is buttressed, in the Harris report, for example, with a strong willingness for higher taxes (75 percent favor) to underwrite programs and efforts with strong prevention orientations.

A July, 1987, publication from the National Governors' Association echoes these concerns. Promising state-developed programs were identified, with the help of parents, that focused on prevention strategies. Investment in such basic protections as preventive health care, good nutrition programs, comprehensive prenatal care, and family resource programs underscore the growing awareness by policymakers that early prevention efforts work, save money, and can be the key to sound and effective policies.

ADVOCACY

Note: An advocacy column is being established with this edition of the FRC Report. The new section will be used to provide information on pertinent advocacy issues and to encourage a dialogue among members. We urge you to share both your experiences and ideas about advocacy, and what types of efforts have or have not worked for you at the community, state, or national level. Please address your correspondence to Mary Brandon at the FRC office.

All this heightened interest in families indicates that the time is right for parents and the family resource programs that support them to get involved in public policy and advocacy efforts. The family resource movement has helped to raise the national consciousness about the needs of families, and now is an advantageous time to publicize our success stories. Our programs foster a climate that supports interdependence, affirms parenting as a vital responsibility, and values the individual and the family in the context of the community.

This is the moment for spirited dialogue on the important issues that concern families, and what the government could be doing about them. This is the time to take a personal stake in the political process of the 1988 Presidential campaign and the policies that will evolve as a result.

Currently, there are excellent opportunities for parents and family resource advocates to get involved by supporting several federal initiatives:

The **Act for Better Child Care Services (S. 1885; H.R. 3660)**, recently introduced into both the U.S. House and Senate, would authorize $2.5 billion/year through 1992 to help states:

- Make child care more affordable for low income families;
- Increase the number of child care facilities and the number of qualified day care staff available to all families;
- Improve the quality of child care available to *all* families, and coordinate resources and child care services.

A second child care bill, developed by child development psychologist Edward Zigler, focuses on the more than five million children who daily return to empty houses after school. These latch-key children represent over 50 percent of the child care problems, according to Zigler. This bill, **The New School Child Demonstration Projects Act of 1987** (S. 1995, H.R. 3841), would fund a pilot program for "full-service schools" incorporating *both* teaching and child care facilities within the school building.

These bills represent the first serious Congressional effort in sixteen years to create comprehensive federal child care programs and policies and to establish national standards for child care services. Hearings on the ABC bill will begin in late February, allowing for testimony and providing for public examination of the bill.

Another major federal initiative, **The Parental and Medical Leave Act** (S. 249, H.R. 925), would grant parents up to 18 weeks within any 24-month period for unpaid leave from their jobs to care for newborn, newly adopted, or sick children. The bill provides for job-protected medical leave as well, stipulating that an employee may take up to 26 weeks unpaid leave over any 12-month period for medically certified disabilities. This proposed measure, which covers employers with 15 or more employees, has attracted widespread support in Congress, and recognizes the need for parents to build healthy relationships with their children as well as to help reconcile work and family responsibilities.

Advocates can get copies of S. 1885, S. 249, and S. 1995 by writing: U.S. Senate Document Room, U.S. Senate, Washington, DC 20510.

Copies of H.R. 3660, H.R. 925, and H.R. 3841 can be obtained from: U.S. House of Representatives Document Room, U.S. House of Representatives, Washington, DC 20515.

Urge parents in your programs to write their Senators and Congressional representatives asking their position on these bills and encouraging them to sign on as co-sponsors. Clear, concise letters to the editors of daily papers spelling out the need for federal support of family issues are another excellent way to expand parent advocacy. Parents can be a persuasive catalyst for change because they, perhaps better than anyone else, understand the issues.

Mary Brandon is Director, Family Resource Issues for KIDS PEPP (Public Education and Policy Project) in Chicago, a joint project of the Ounce of Prevention Fund and Family Focus. Formerly a staff assistant to U.S. Senator Paul Simon, she supervised all casework and worked on education, family, and women's issues.

Contact: Mary Brandon, c/o Family Resource Coalition, 230 N. Michigan Avenue, Suite 1625, Chicago, IL 60601, 312/726-4750.

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New Executive Director Welcomed

It is a great pleasure to inform FRC members that Gail Christopher assumed the position of Executive Director of the Family Resource Coalition on March 14, 1988.

Gail's background in programs for families includes activities in both the public and private sector, locally and nationally. She is founder and Executive Director of F.A.M.I.L.I.E.S., Inc., an Illinois not-for-profit organization which provides motivational training and support services for families at risk due to poverty and environmental stress. She has designed innovative and effective support programs such as The Family Development Institute (FDI) and the Women's Self-Employment Project (WSEP). The FDI services second generation public aid recipients and public housing residents. The WSEP program is a unique training and support program which enables low-income women, some of whom are public aid recipients, to develop micro-businesses. The training materials she has developed for these programs effectively demonstrate her prevention, health-oriented approach to families.

As an independent consultant, Gail has provided services on program development and training to the Illinois Department of Public Aid, the Ada S. McKinley Community Services Organization, the Women Employed Institute, Howard Area Community Center, and Chicago's public and archdiocesan school systems. Her work outside Chicago included the Corporation for Enterprise Development and Kenilworth Parkside Resident Management Corporation in Washington, DC, the People Care Foundation in Sommerville, NJ, and the Women's Economic Agenda Project in California.

In 1987, Gail was selected as a Fellow for Leadership Greater Chicago, an experiential development program designed to enhance the skills of recognized leaders. Her other awards include the Kizzie Award for outstanding leadership and role modeling for Black women, and in 1981, she was recognized as an Outstanding Woman of America. She has received a Martha Holden Jennings scholarship award, a Chautauqua scholarship award, and a National Rotary Club award for oratory. Gail is the mother of two children, aged 14 and 7.

Gail has an extensive background in working with the media. She has hosted her own weekly radio program and is frequently a guest on local radio and television talk shows. Most recently, she was featured in a national public television documentary, "Crisis on Federal Street."

Gail brings special expertise to the FRC in developing support programs for families with children with disabilities, as well as for low-income families. While she has broad experience with these special groups, she is a forceful spokesperson for support services for all families. We welcome her and feel she is uniquely qualified to represent us in our expanding role as a national organization.

Bernice Weissbourd

Bernice Weissbourd, *President*

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FRC REPORT

Design, DIANNE HANAU-STRAIN
Typography, KARR CREATIVE SERVICES
Printing, BOOKLET PUBLISHING CO., INC.

The Family Resource Coalition ***Report*** is published three times a year by the Family Resource Coalition, a tax exempt, not-for-profit organization. Yearly membership rates include the ***Report*** subscription. The content of this publication may not be reproduced without the specific written permission of the FRC. Copyright 1983 Family Resource Coalition. All rights reserved. Founded by Family Focus

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Family Resource Coalition
Report

FOCUS:
Families of Children with Special Needs

Building Support and Resources for the Family

Volume 7, Number 2 — 1988

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Special Issue

Parents take Priority in Family-Centered Care

by Elizabeth S. Jeppson

Families have the central role in caring for their own members, and the goal of policy should be to enable families to carry out their responsibilities to nurture their children and encourage their most effective development. (Hobbs, Perrin & Ireys, 1983)

Since 1986, the Association for the Care of Children's Health (ACCH), with support from the Office of Maternal and Child Health, has worked with a broad range of parents and professionals across the country to articulate and define the concepts of family-centered care. Our work has been based on the belief that families have the pivotal role in the lives of their children, and that professionals should strive to support families in their natural caregiving roles by building on their unique strengths as individuals and as families.

Although the context of our discussions about family-centered care has been the health care system, it is our belief that the principles of family-centered care apply to all settings — education, early intervention, mental health, and social service as well as child health care — anywhere that parents and professionals work together on behalf of children and families.

Following are the eight major components that have been identified as the key elements of a family-centered approach to care. Although each element is presented and discussed separately, it is equally important to consider them as a whole. Together, they constitute a new philosophy of care that challenges many of our entrenched attitudes and calls for new approaches in clinical practice.

As you read the elements, think about your own setting or practice. Are there ways in which your approach to families could become more family-centered? What barriers, either personal or organizational, can you identify to implementing a family-centered approach to care? What benefits can you see for yourself and for the families you work with in practicing this new philosophy of care?

The Elements of Family-Centered Care

■ Recognition that the family is the constant in the child's life while service systems and personnel within those systems fluctuate.

This is the most crucial component of family-centered care. Because the ultimate responsibility for managing a child's health, developmental, social, and emotional needs lies with the family, systems of care must enable families to function as primary decision-makers, caregivers, teachers, and advocates for their children.

Continued on p.2

Families are the durable thread in the life of a handicapped child. Public agencies and private agencies are transitory, dropping in and out based upon the condition, the complication, or the chronological age of the child. (Freedman, 1986)

Recognizing and respecting the pivotal role that families play in the lives of their children means that professionals must learn to value the parents' judgment, to respect their priorities for their own children, and most importantly to ensure their efforts are designed *to support, not supplant* the family in its caregiving role.

■Facilitation of parent/professional collaboration at all levels of health care:

- **care of an individual child**
- **program development, implementation and evaluation**
- **policy formation**

The formation of a true and equal partnership between parents and professionals at all levels of care is the driving force in family-centered care. Developing these relationships, however, often requires new skills.

For a number of years, the attitudes of professionals working with families have seemed to say, "Tell us what your problem is, and we'll fix it." The professionals were, in a sense, in control. We professionals need to change our orientation. We need to reframe that question to ask simply, "How can we help you?" We need to begin to view our work with families as a partnership in which we are the consultants but the families are in charge, and it is on the care of their child that we are in fact consulting them." (Barnard, 1985)

In order to be more effective consultants to families, professionals must develop more opportunities, both formal and informal, to learn about the perspectives of families and to work together with parents as equals at all levels of care.

■Sharing of unbiased and complete information with parents about their child's care on an ongoing basis in an appropriate and supportive manner.

The sharing of information between parents and professionals is an integral part of family-centered care and the cornerstone of parent/professional collaboration. In order to participate fully in the decision-making process, parents must have complete and ready access to information — not only information specific to the child's special needs, but also information about community resources, support groups, and the pros and cons of treatment choices. Professionals must become sensitive to the ways in which information is presented, and ensure that the type and amount of information conveyed truly reflects the family's concerns.

■Implementation of appropriate policies and programs that are comprehensive and provide emotional and financial support to meet the needs of families.

The support needs of families are diverse and varied and change over time. Translating family-centered care into practice means developing programs and services that address the full range of these needs, that support existing family strengths and balance the demands of care. Too often, the development of comprehensive programs and community support services have not kept pace with advances in medical technology or with the shift from institution and hospital care to home and community care. Among the vital support services that must be available to families caring for children with special needs are in-home health care services, care management services, respite care, parent-to-parent support, family resource libraries or parent information centers, equipment loan or exchange programs, and transportation assistance.

■Recognition of family strengths and individuality and respect for different methods of coping.

Family-centered care reflects a balanced view of the child and family, and considers the family's strengths and resources as well as needs.

This approach also requires that professionals develop sensitivity in relating to families whose values, customs, and lifestyles may be different from their own. As one mother states, "I have to provide for my children in the context of my family, and my values, and my ideals, and my lifestyle." (Kramer, 1987) In practicing family-centered care, professionals must accept and support each family's individuality.

■Understanding and incorporating the developmental needs of infants, children, and adolescents and their families into health care delivery systems.

Family-centered care goes beyond the child's identified special needs, to recognize and promote healthy family functioning and to encourage the child and family to fulfill "normal" developmental needs.

Regardless of handicapping conditions, our children have the same needs as able-bodied children. Handicaps... do not cripple their innate desire to grow, to develop, to be accepted, to belong, to be loved and to love. Their need to feel whole is no less than that of children without handicaps.
(Downey, 1986)

Encouraging the family to meet and support all aspects of the child's development is an important part of family-centered care.

■Encouragement and facilitation of parent-to-parent support.

What parents offer other parents, through literature, friendship, and organized peer support, is respect — with empathy — and without the burden of clinical assessment — a precious resource for families in crisis.
(Oster, 1985)

Parents are a tremendous support to other parents and to professionals. They are a resource that we have vastly underused. Sometimes professionals who offer support to families may feel in competition with parent support groups. Parent-to-parent support should be seen as complementing rather than competing with the type of support and services offered by professionals.

■Assurance that the design of health care delivery systems is flexible, accessible, and responsive to families.

No one program, service, or approach is appropriate for every family. Family-centered care seeks to provide a range of options to families, seeking their input in the design of programs and allowing them to be decision-makers about when and in what ways they want to receive services. As one health professional has stated, our goal should be "to design our systems of care so that parents can get on and off the train depending on their needs." (Freedman, 1986)

The development of a family-centered approach to care reflects the evolution of our knowledge about children and families. As we have learned to listen openly to families and to form partnerships with parents, the practices we promote and the programs and policies we develop have changed and improved. It is hoped that the above eight principles of family-centered care will be helpful guideposts in our continuing efforts to improve the quality of care for all children and their families.

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Elizabeth Seale Jeppson, Ph.D., is the Coordinator of a new film, Family-Centered Care, *and co-author of* Family-Centered Care for Children with Special Health Care Needs, *produced by ACCH with support from the Office of Maternal and Child Health.*

ACCH is a member of the Family Resource Coalition.

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A Fully Human Life

by Linda Gilkerson

Recently, I came across a newspaper article about Steven Hawkings, the well-known astrophysicist who has ALS, or Lou Gehrig's disease. He is severely disabled. Physically, that is. He commented that he was lucky to have chosen a career that is primarily mental work, that he had a wonderfully supportive wife and family, and that his colleagues have been unfailingly helpful. "Fortunately," he said, "my disability hasn't been a serious handicap."

My guess is that, at some point in our lives each of us has wondered about what it means to be disabled. Maybe we have a friend who had polio, or a neighbor who has a child with a hearing loss, or a high school classmate who was injured in Vietnam, or a cousin who has cerebral palsy, or an officemate whose new baby was born with spina bifida.

Perhaps we have noticed the feelings that come up for us when we are with someone with a disability—when we walk past a woman putting her wheelchair in the backseat of her car, when we enter an elevator where several deaf adults are involved in a sign-language conversation, when we watch the Special Olympics on TV, or when we check out at the corner market and the owner's son who has Down Syndrome carries out our bags.

Because we live in a society that has rigid standards for appearance and performance and that places a high value on independence, it is hard for us to imagine that the lives of persons with disabilities can be full and satisfying. In fact, in the literature on family adjustment to a child with disabilities, the most common framework for disability is that of a tragic event. Is it possible that there are other ways to think about what a disability means to an individual, to his or her family, and to society at large?

Let's start by considering the difference in meaning between the words disability and handicap. Traditionally, disability refers to actual diagnosed medical condition, while handicap refers to the extent to which it impairs somene's functioning.

The degree to which a disability handicaps an individual depends on many factors. Hill (1949) provides a way to understand a crisis that is very helpful in explaining how the same disability can affect people in such different ways. He calls the model the ABCX Model. In this framework, A is the stressor event, B is the resources that an individual/family have to bring to bear on the crisis, C is the personal meaning that the individual/family gives to the event, and X is the resulting level of crisis. Let's use Steven Hawkings's experience to see how this model applies.

A, the stressor event is ALS disease. Among the resources (B) he has to bring to bear on the situation are strong support from his family and his colleagues, the type of work he does, and his previous accomplishments and stature in the field. The personal meaning he gives the event (C) is, to paraphrase his wife, "Steven doesn't give in to his disability and we don't give in to him." In other words, his interpretation of his condition is that it is one that can be handled. The resulting level of crisis (X) for this individual with ALS disease is mediated by the considerable resources he has, and by the personal meaning that he attributes to the disease ("I can handle this"). Another individual with the same condition who has fewer resources and/or who views the disability in a different way would have a very different outcome.

It is surprising for us to realize how influential the meaning that an individual gives to their disability is to their ultimate functioning in the world. In fact, the rehabilitation literature suggests that the personal meaning assigned is the most powerful predictor of long-term adjustment to disability, more powerful even than the type of disability one has or the severity of the condition. Thus, how an individual feels about him/herself is one of the most important aspects in his/her adjustment to disability.

In looking at our own beliefs about disability, what has been our contact with persons who have physical or mental differences? What feelings do these experiences evoke in us? Can we learn to separate how we feel about a disability from the individual who has the condition? Are we willing to re-evaluate our views in light of what persons with disabilities have to teach us?

"The deaf are not ready yet to function in the hearing world" are words that forever changed Gallaudet College and caused a whole nation to re-examine its beliefs about persons with hearing impairments. Intuitively, all of us—lay persons and professionals in the field—understood the depth of the students' feelings and the correctness of their position. Perhaps it is the hearing world that has not been ready to live with persons who are different from ourselves. Are we ready to listen?

Adults with disabilities often say it is the attitudinal, rather than the architectural barriers that are the hardest to overcome. Now that P.L. 99-457 greatly expands the possibility of services for young disabled children and their families, it's time to take the next step: to re-examine our views of disability, to tackle the attitudinal barriers, and to develop a framework that empowers families to love their children unconditionally, and enables children to reach their fullest potential.

> *Children can learn to live with a disability. But they cannot live well without the conviction that their parents find them utterly loveable.... If the parents, knowing about his (the child's) defect love him now, he can believe that others will love him in the future. With this conviction, he can live well today and have faith about the years to come.*
> (Bettelheim, 1972)

What framework would empower children and families to have the conviction Bettelheim speaks of? I posed this question to my friend Marsha Saxton, a counselor of persons with disabilities, an author (1987) about women's issues and disability, and an adult with a physical handicap. She said that such a new view would acknowledge that disability involves a loss of some capacity, that it is usually accompanied by some objective hardships, and that it is an equally valid, fully human lifestyle.

We know that a child's self-esteem develops both from within—the child's own sense of competence—and from without—the approval he receives from others. Because cultural beliefs affect how families feel, and how families feel affects children, we are compelled to look again at society's beliefs about disability—to look again within ourselves.

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Supporting and Strengthening Families: New Visions, New Directions

by Carl J. Dunst

It isn't often that we have a broad-brushed opportunity to rethink and reshape the direction of family support services. Public Law (P.L.) 99-457 provides one such opportunity if we approach implementation with new visions and new directions of what family support can and ought to be.

P.L. 99-457, passed and enacted into law by Congress on October 8, 1986, re-authorized the Education of the Handicapped Act and amended the Act to include an early intervention discretionary program to meet the special needs of handicapped infants and toddlers and their families.

The Act is a watershed piece of legislation in a number of respects, not least of which is the emphasis given to family-focused assessment and intervention. Whether or not policy makers and program builders take full advantage of the Act as a way of supporting and strengthening family functioning (Hobbs, et al., 1984) depends upon how we ultimately decide to interpret and implement this exciting piece of legislation.

Whether or not the early intervention program is indeed a family support initiative or is simply a traditional child-focused effort dressed in parent clothing is a question that must be answered before implementation proceeds any further. To answer this question, I performed a content analysis of the various federal documents that describe the meaning and intent of the Act. I also identified all non-repeated statements pertaining to child or family needs to determine the major focus of the early intervention program. The various needs statements found in these documents could be grouped into three categories. The statements are shown in the Table.

The first set of statements reflects a traditional child-focused perspective of early intervention. The emphasis is on meeting only the child's needs, most often using educational or therapeutic interventions implemented by professionals or paraprofessionals. In its most extreme and narrow-focused form, this approach violates nearly all the principles that underlie family support initiatives (Hobbs, et al., 1984) and effective helping. (Dunst, 1987; Dunst & Trivette, 1988a)

The second set of statements reflects a narrow-focused family involvement perspective of early intervention. The needs of families are taken into consideration, but only those related to enhancing the development of their children. This perspective is typically operationalized as some form of "parent training."

The third set of statements reflects a broad-based, family-focused perspective of early intervention. In this approach, the needs of the children, other family members, and the family unit itself are addressed as part of the intervention efforts, based upon the assumptions and presuppositions that have increasingly been recognized as the essential ingredients of family support programs. (Kagan, Powell, Weissbourd, & Zigler, 1987)

Although it appears that a broad-based, family-focused approach holds the greatest promise for providing new visions and directions for ways to support and strengthen family functioning, I have been perplexed by the many negative reactions to calls for adoption of this particular perspective of early intervention. The arguments against adoption of a broad-based approach have included, "There are not enough resources to provide services to all people in all areas," "Staff don't have the time to address all family needs," "We can't be everything to everybody," and similar comments. I understand why people make these statements, though I generally find their concerns unfounded.

First, the Act does not state that early intervention programs should provide all resources to all people. The law is explicit in stating that early intervention programs should *assist* families to access needed resources. This requires nothing more than increased awareness of the informal and formal resources and supports that are available or can be created to meet family needs.

Second, if one assumes a broad-based, family-focused perspective of early intervention, the operative word *assist* gets translated into practices that enable and empower families to effectively identify their needs and mobilize resources to meet those needs. (Dunst, Trivette, & Deal, 1988) Doing for families, rather than families becoming more capable of doing for themselves, is explicitly avoided because it represents a form of non-contingent helping that creates dependencies (Dunst, 1987) and is ethically indefensible. (Skinner, 1978)

Third, proponents of the narrow-focused family-involvement perspective of early intervention fail to recognize an important determinant of human behavior, namely, those needs and desires people consider important and to which they will devote their time and energy. (Dunst, et al., 1988) If families and individual family members identify needs other than those related to enhancing their children's development as most important and pressing, they will not likely devote time and energy to carrying out child-level interventions. This relationship is so important, and its implications so far-reaching, that it is worth taking time to briefly review the research that bears upon this principle of human behavior.

In several studies conducted in our own program (Dunst, Leet & Trivette, 1988; Dunst, Vance & Cooper, 1986), we have found that the inadequacy of resources unrelated to child development interfered with the time, energy, and personal commitment of parents to follow through with implementation of child-level interventions. Kolobe (1981) as well,

TABLE Statements Reflecting Different Perspectives and Orientations of the Early Intervention Discretionary Program

Narrow-Focused Traditional Child-Focused Perspective	Family Involvement Perspective	Broad-Based Family-Focused Perspective
Early intervention services are designed to meet a handicapped infant's or toddler's developmental needs (HR 99-860, p. 7, EHA, Sec. 672 [2] [C]) Part H focuses exclusively on meeting the needs of infants and toddlers with handicaps (34 CFR Part 303 #1) Case management includes coordination of early intervention services with other services that the infant or toddler needs (HR 99-860, p. 8)	Enhance the capacity of families to meet the special needs of their infants and toddlers with handicaps (EHA, Sec. 671 [a] [4]) A statement of the family's strengths and needs relating to enhancing the development of the family's handicapped infant or toddler. (EHA, Sec. 677 [d] [2]) A timely, comprehensive, multidisciplinary evaluation of the functioning of each handicapped infant and toddler and the needs of the families to appropriately assist in the development of the handicapped infant or toddler (EHA, Sec. 676 [6] [3])	Provide early intervention services necessary to meet the special needs of handicapped infants and toddlers and their families. (HR 99-860, p. 6) Each handicapped infant or toddler and the infant or toddler's family shall receive a multidisciplinary assessment of unique needs and the identification of services appropriate to meet such needs (EHA, Sec. 677 [a] [1]) The Individualized Family-Support Plan (IFSP) shall be evaluated and the family provided a review at 6 month intervals (or more often where appropriate based on infant and toddler and family needs). (EHA, Sec. 677 [b]) A statement of the specific early intervention services necessary to meet the unique needs of the infant or toddler and the family (EHA, Sec. 677 [d] [4]) Case management services include coordinating and monitoring the delivery of services that the child or family needs. (34 CFR Part 3 3 6)

SOURCES: Public Law 99-457 (Education of the Handicapped Act [EHA] Amendments of 1986. House of Representatives Report [HR] 99-860. Early Intervention Program Proposed Rulemaking. Federal Register [CRF]. February 18, 1987, pp. 44352-44362

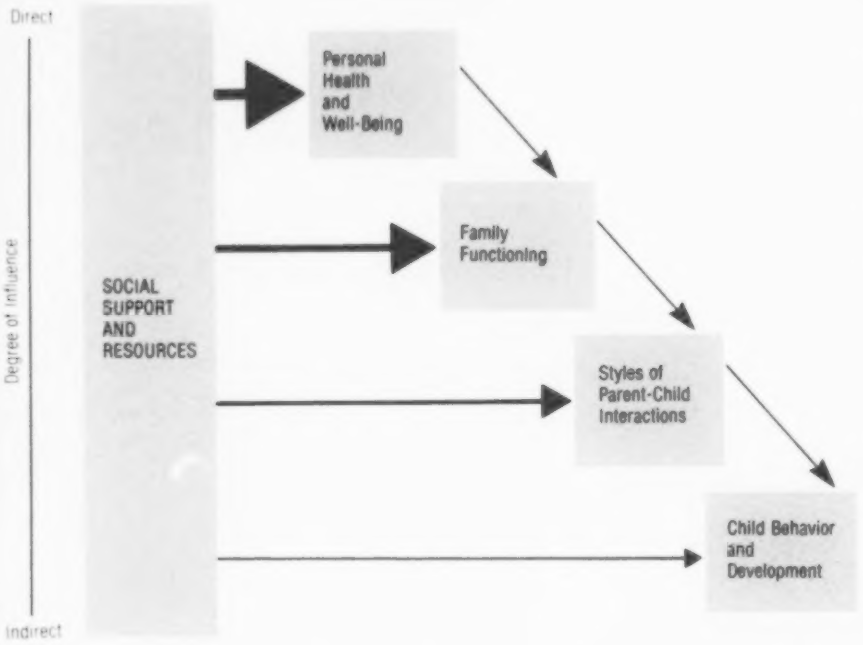
Direct
Indirect
Degree of Influence
SOCIAL SUPPORT AND RESOURCES
Personal Health and Well-Being
Family Functioning
Styles of Parent-Child Interactions
Child Behavior and Development

FIGURE. A Model for Representing the Direct and Indirect Influences of Social Support and Resources on Parent, Family and Child Functioning

found that parent adherence to implementation of child-level physical therapy prescriptions was related to the parents' personal assessment of the importance and value of the therapeutic regimens.

In one of the most instructive studies examining the relationship between needs and intervention efficacy, Glenn Affleck (personal communication) found that the positive influences of interventions with families of neonatal intensive care unit graduates were greatest when interventions matched family-identified needs. In contrast, interventions unrelated to family-identified needs had no effects and in some cases negative impacts. Collectively, the results of these studies indicate that needs influence behavior and steer it in certain directions, and that interventions will have the greatest impact if they are responsive to what is most important to a family at any particular point in time. Therefore, the failure to address the broader-based needs of families will almost certainly diminish the effects of efforts to support and strengthen family functioning.

The resolution of whether or not to adopt a broad or narrow-focused approach to early intervention can occur from another perspective as well. Carol Trivette and I (e.g., Dunst & Trivette, 1987, 1988b) have developed a model that describes the direct and indirect influences of social support and resources on parent, family, and child functioning. The model, which is designed as an intervention framework, is shown in the figure.

According to this model, social support and resources influence the health and well-being of recipients of aid and assistance, and support in combination with the other behavior categories influence child behavior and development. For example, child care (instrumental support) provided to a parent of a young handicapped child would afford the opportunity to rest and rejuvenate oneself. This would be expected to influence one's physical and emotional health, which in turn would likely influence interactions among family members, including those with the child, and the particular interactive styles used by the parent would be expected to affect child behavior.

In our model, provision of resources and support provide opportunities to get needs met, which in turn set the occasion for positive transactions among people who strengthen family functioning and promote child development. (Dunst, et al., 1988; Hobbs, et al., 1984) This broad-based perspective not only addresses all family needs but, as a result, has the effects central to the more narrow-focus perspective of early intervention.

To what extent the early intervention program under P.L. 99-457 becomes a family support initiative depends upon how we decide to interpret and implement the various provisions of the law. I have argued for a broad-based, family-focused interpretation. It is only this perspective that is likely to provide new visions and new directions consistent with what we know about the determinants and influences of needs, support, and resources, and how the unique relationships among these optimally influence family functioning.

We may never again have the opportunity to so significantly shape the direction of services to families of young handicapped children. We have a human obligation to seriously consider how our decisions about the meaning and intent of P.L. 99-457 influence intervention efforts. The failure to do so will most certainly be a wasted opportunity.

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Family Bonds: The Binding Force

by Patricia McGill Smith

When a child is born with special needs, parents can be faced with tremendous problems. If the disabling condition is diagnosed immediately, the impact is quick, pointed, and profound. On the other hand, some problems can only be identified after months or years, dragging on undefined, keeping parents in limbo with questions and doubts. Whether the diagnosis is immediate or delayed, parents are crowded by emotions of confusion, fear, and heartache.

In my own case, my daughter, Jane, who just celebrated her eighteenth birthday, was a perfectly healthy and beautiful baby at birth. Within her first year of life, however, she developed a number of problems that were hard to define but eventually led to recognition of the fact that she was developmentally delayed. Eighteen years ago, developmental delay did not translate into "This child and her family need help!"

Today, all kinds of supports exist for parents who will reach out for them. These traumatic periods can be very destructive for a family, and the sooner parents can begin to alleviate some of their feelings of anxiety, anger, and guilt, the sooner they will be able to provide their child with love and acceptance. This article focuses on the reactions of parents on learning that their child has a disability, and on ways in which they can face both the disappointment and the challenge.

Denial is one of the most common reactions. Every parent looks forward to having a healthy baby, and discovering this is not the case, can't believe this great disappointment is happening to them and to their family. Denial often turns to anger which can spread to the husband-wife relationship, come between parents and grandparents, or be directed at medical personnel who have worked with them and their child. Sometimes, in the beginning, the anger is so intense it touches everyone involved and colors almost all interactions. At this point, parents also go through an intense period of grieving and loss.

Another common experience for parents is the sense of losing control over their lives. They find themselves becoming fearful, and apprehension for what the future holds can cause parents to lose their perspective completely. For some parents, a lack of information pushes them to imagine the worst possible prospects with a totally bleak attitude. Many parents have told me, however, early warnings that their child would be unable to walk, talk, read, or write were unfounded, and ultimately the child was able to accomplish these things and more.

Parents often feel a great deal of guilt about their child's condition, and concern about whether they caused the problem. These guilt feelings may be manifested as spiritual or religious interpretations of blame and punishment, and can be aggravated by how others respond to the birth of a child with a disability: "You must be very special—God has given you this trial"; "You will not be given any more to bear than you can handle." While these comments are meant to be supportive, they can have the opposite effect and exacerbate the parents' feelings of guilt.

Sometimes parents go through a period of total confusion, compounded by stress, when faced with new terminology and information regarding the disabling condition of their child. Professionals seem to be speaking a foreign language, and parents often feel they are unable to communicate feelings about their child's disability to friends and family. Needing information but being unable to absorb or make sense of it can cause emotional overload.

Another source of difficulty for parents is the feelings of powerlessness they experience. It is so difficult to differentiate between the things they have the power to change and those they cannot. Parents may find it difficult to develop a positive attitude toward the work they must do to overcome their child's problems, and feeling powerless drives many parents to become over-involved, turning them into a SuperMom or SuperDad who is going to "fix what is broken."

The disappointment that a child is not perfect challenges the egos of many parents as well as their value systems. The birth of a child with a disability is a jolt to their expectations, and there has to be a considerable realignment of expectations before they can cope with the child's problems successfully.

I think the greatest difficulty that can occur is rejection of the child. Parents have told me they not only rejected their child, but the whole idea that the child was handicapped. The most serious form of rejection is a "death wish." When a child is in critical condition or severely involved, that "death wish" is not at all uncommon, although it may be hard to admit and understand those feelings at a later point.

The emotional roller coaster I have described happens to a greater or lesser degree for all families when they discover their child has special needs. These feelings can drastically alter the normal routines of family life, and the changes can harm all members of the family—especially the child with the disability. Not all families suffer intense disruption of their lives, but it is fair to say that normally, this type of crisis will cause substantial change that can either strengthen the family's life or undermine it.

Taking constructive action and adapting positive attitudes can help to alleviate some of the stress. I hope parents will feel free to take what they can use from my suggestions, and that the professionals who work with them will gain greater understanding and insight for having shared the reading.

Stabilizing the Family

Parents need to know from the very beginning that they will survive this upheaval, that they can and will "make it" despite doubts about the burden being too heavy. There are programs, schools, and recreational activities, neighbors and advocates, and all manner of people who will enter their lives to help with the problems. Isolation can be dangerous, and it is extremely important for parents to understand they are not alone, to recognize and value the assistance of a whole cadre of people who are ready, willing, and able to help if parents will just make their needs known.

It can be overwhelming to meet the time and energy commitments that a special-needs child requires. Each family member can contribute in some way and should be included in the child's care. The support of relatives outside the immediate circle of family and friends can be a great help if they have an understanding of the child's needs, and a powerful emotional reinforcement to both parents and children.

Husbands and wives need special empathy for each other as they go through troubled times. Many fathers have confided reluctance to express their own concerns or emotional stress for fear of further burdening their mate or appearing weak. Wives often feel guilty for

Photo: In Time and with Love, Newmarket Press

Photo: In Time and with Love, Newmarket Press

leaning heavily on their husbands. What evolves is a discrepancy, an interruption in the honest feelings which are normally the same for both parties. It can be very strengthening, therefore, for couples to share all their feelings.

Parents need to recognize that they are and will be their child's teacher, advocate, friend, and parent all rolled into one. It is enormously important that parents learn early on that they needn't feel intimidated by the professionals who treat their child. They have the right and obligation to be a part of their child's planning team, and can be involved in every aspect of the decision-making process. Though they may lack information or feel insecure in this role at first, they need to become active, knowledgeable participants. Asking questions can be the first step.

It is also important that as many programs and as much work as possible involving the handicapped child be conducted in the family home or as near to the home as practical. The basic question is, "When each objective is being reviewed, can the activitiy be performed in the home setting?" Planning meetings for the child can be held at home, as well as play therapy, occupational and physical therapies, and other developmental activities. The goal is to integrate as many of these activities as possible into the child's normal life cycle.

Some Practical Advice

There are a number of resources in almost every community that can be helpful to parents: members of the clergy, another parent of a child with a handicap or a support group of "helping parents," an advocacy organization, a state or federal program/agency, etc. Also, finding sources of current and factual information can be valuable in helping to dispel fears and myths about a child's disabling condition or special needs.

A "recipe for living" that has assisted me the most in my life has been to identify feelings that are painful. When they occur, I have made a commitment that says, "I will reach out and contact someone." Call, write, get in the car, but contact a real person who will talk and share the pain. Pain that is divided is not nearly so hard to bear as pain experienced in isolation. Sometimes professional counseling is needed, and parents shouldn't feel reluctant to seek it.

I have learned that bitterness and anger can drain energy and initiative. Letting go of these feelings has a constructive effect and will help parents maintain a positive attitude and outlook.

Staying in touch with reality and living one day at a time can keep parents from taking on more than they can handle. A very wise person once counseled me by saying, "Plan for the future, learn from the past, but live for the day." The statement taught me that keeping things in perspective helps in dealing with fear, and fear of the future in particular. Getting rid of the "what ifs" and "what thens" can keep the reality of each day manageable.

Parents' well-being is enormously important. They need to learn to be good to themselves, to enjoy life to the fullest, to let laughter release tension and lift spirits; that reaching out for emotional support, being honest about feelings, setting priorities, avoiding self-pity and becoming judgmental, using empathy and understanding to deal with problems, keeping home routines on schedule, recognizing their limitations, and taking time to smell the roses, will all make important differences in how they accept and deal with the challenges of raising a child with special needs.

In conclusion, I would remind parents that one of the most important things to understand is that their child with a disability may be different from other children, but he or she is not less valuable, less important, or less in need of love and parenting. Remember, the child comes first, the disabling condition second.

Sometimes parents will find it hard to believe, but they may come to view their experiences and problems as having strengthened them and their family. We all have choices in the ways we respond to the difficulties we undergo. I have learned many lessons as the parent of a child with a disability, and I recognize that our whole family has emerged stronger and wiser from our trials.

Photo: Ada S. McKinley Community Services

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Parent-To-Parent Support:

A Federal Program

by Martha Ziegler

The Education of the Handicapped Act of 1983, P.L. 98-199, established a grant program to support organized parent-to-parent information and training activities for parents of children with special needs. As specified in the law, the purposes of these programs is to enable parents "to participate more effectively with professionals in meeting the educational needs of handicapped children." The Parent Training and Information (PTI) Projects conduct workshops, publish newsletters, respond to inquiries by mail and telephone, and offer other parent-to-parent support services.

From self . . . to disabled child . . . to spouse and family members . . . to other families with similarly handicapped children . . . to the larger society: This evolution, described so eloquently by Perske and Wolfensberger (1973), is familiar to every parent who has ultimately become an advocate on behalf of disabled children and their families.

Leaders of the 50 PTI Centers have personally moved through this evolution. As parents of children with disabilities and as advocates for other parents, they have brought about major changes in the laws governing the education of handicapped children. In addition to guarantees of rights and appropriateness of educational programs, these new mandates also required a new role for parents.

Most parents, accustomed to using bake sales and selling Christmas cards to keep small private programs alive, were unprepared for this new level of responsibility and meaningful participation. More experienced parents began to develop ways of meeting the new needs for information and skills. Parent leaders took yet another step in their own evolution toward the larger community by forming coalitions that represented the whole range of handicapping conditions rather than separating into individual categories or disability groups.

Peggy Pizzo's book, *Parent to Parent* (1983), describes in detail the dynamic operation of peer support for parents with a variety of special pronlems in rearing children: racial and geographical isolation; dealing with the death of a child; and rearing a child with a handicapping condition. In a foreword to the book, Dr. Benjamin Spock touches the pulse of the parent coalition movement when he makes the following observation:

> *The parents of children with disabilities realized that as much as anything else they desperately needed the companionship of other parents with similar problems, in order not only to share knowledge of how to help their children but to overcome the painful sense of inferiority and isolation, of "being different." The blessed sense of acceptance they received gave them the optimism and energy necessary to tackle the other problems.*

The "optimism and energy" that have blossomed from that "blessed sense of acceptance" have shaped the style of advocacy that characterizes the training and information programs operated by parent coalitions. It is easy to underestimate the power of the energies liberated by the sudden discovery of peer acceptance after the devastating experience of isolation and feeling of differentness.

Expert observers have noted the values for children which accrue from this liberation of their parents. As long ago as 1968— pre-P.L. 94-142 days—then Secretary of HEW William J. Cohen wrote:

> *The programs of the Department of Health, Education and Welfare are designed to strengthen individual and family life. . . . The need for involvement by parents and family members is particularly great in public programs which serve children and youth. . . . I am convinced that many more parents want to become involved, want to have a voice in the programs that affect the lives of their children. And I am convinced that they will have a great deal to contribute once the doors are opened to them.*

Photo: Ada S. McKinley

Through the PTI Centers, parents have an open forum in which they can freely discuss their fears and uncertainties among nonthreatening, accepting peers. For example, as imperative as mainstreaming is, it is not always accomplished without cost. As a handicapped child is integrated into regular school programs, not only does the child sacrifice the warm protection of a handicapped peer group, but parents also lose a readily available peer group that shares similar needs and experiences.

The training workshops and other activities conducted by local PTI programs are helping to provide support services to individual parents that may be as important as information and opportunities for skill development. Leaders of parent coalitions work to meet a variety of changing needs: peer support, knowledge of the law, communication and negotiation skills, forming effective parent/professional partnerships, for instance.

The framers of P.L. 94-142 were careful to include language in the statute itself ensuring parent participation in several key roles. The law provides an individual parental role in planning and monitoring each child's educational program; it also provides for parent participation in each state's planning and implementation of special education policy. To perform these roles mandated by law, parents of children with handicapping conditions must acquire highly specialized information and skills. In addition to learning the procedures necessary for protecting the rights of their children, parents also need to develop those skills that foster strong partnerships between themselves and educators, health care professionals, and others concerned with the welfare of children with disabilities.

All of the fifty PTI projects work toward changing expectations about people with handicapping conditions. From the mild and temporary to the most severe and multiple disabilities, these groups promote a shift in emphasis from the weaknesses and limitations of people with disabilities to their abilities and potential contributions as citizens and taxpayers. Activities encourage change toward these more positive expectations for parents themselves as well as among teachers, principals, and other professionals.

From the point of view of the individual growing child with special needs, application of this theme means designing and delivering educational programs that will prepare that child to live an adult life characterized by independence, productivity, and integration into the community.

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For information about the nearest PTI Center, call or write the TAPP (Technical Assistance for Parent Programs) Project, 312 Stuart St., Boston, MA 02116, 617/482-2915.

The Parent / Professional Relationship: Complex Connections, Intricate Bonds

Photo: In Time and with Love, Newmarket Press

by Madelyn Anne Iris

Ten years ago, when my oldest son was born, I never thought I might one day describe myself as the parent of a child with special needs. Now I have two children with disabilities and my life is far different from the one I had envisioned. For me, being the parent of children with special needs has been a process of becoming. As part of this process I have struggled to develop my own equilibrium, balancing my needs against those of my children and separating my sense of who I am from the fact of my children's disabilities.

My first son, Ari, has a mild learning disability and a sensory integration dysfunction. These disabilities are not serious enough to label him as a "special needs" child, but the tensions created within him radiate outward to affect all his relationships.

While it took me a long time to realize Ari's particular needs, it wasn't hard to see that David, born four years later, was not the perfectly normal baby I wished him to be. Within a week of his birth we learned he had a variety of eye muscle disorders. Although no one mentioned the possibility of underlying congenital abnormalities, it was soon clear that David was not progressing at a normal rate. Even though a diagnosis of severe central hypotonia wasn't reached for more than a year, we already knew David was indeed a child with special needs.

A very important aspect of my becoming the parent of two children with special needs has been the energy I expend on relationships with all the people who come into my life because of the children's disabilities. I call these people "the professionals." Their specialties include medicine, clinical treatment, therapeutic services, social work, and education. Professionals come with their own treatment priorities and personal styles, and it is my task to negotiate a viable relationship with each one of them.

Working with professionals isn't always easy. Although outright conflicts or clashes have been rare, there are many times when I feel we are moving in different directions, and that our goals address very different aspects of the child's life. For example, I find that many professionals view the child as if he were an isolated being, ignoring his place in the life of the family. Yet all my personal and professional experience tells me that families function as units. When one member is removed from the mainstream of family life and treated as though his needs are somehow separate from and unrelated to those of the rest of the family, the family system risks a breakdown. As a parent, I must assure that each member of the family receives the attention he or she requires, and that no one set of needs overwhelms the needs or rights of others.

This might mean neglecting a child's special needs for a short while. Deciding how and when to do this requires continual re-evaluation of my own and my family's values and lifestyle. This is a very personal task, but it can be shared. Guidance from professionals helps me assess my goals and expectations for my family without undermining the integrity of the family system.

Few professionals seem to understand how to work side by side with parents to develop a long-term, comprehensive plan for the child's treatment or care. Instead, they focus their attention exclusively on the single domain of their expertise, ignoring other aspects of the child's needs such as his personal growth and his psycho-social development. As the mother, I see the totality of the child. I look at my children for their present needs but I must also concern myself with their future, well into adulthood. My goals include helping my children function just a little bit better tomorrow, but always with an eye to what this improvement might mean for their lives in general.

Although the professionals I have met are always well-trained in how to greet parents, how to ask questions and conduct an interview, they rarely are comfortable relating to parents as real people with lives of their own. It both amuses and annoys me when I read reports or medical charts and see myself referred to as "the mother" or "mother." This depersonalization creates a barrier to real communication and sharing. I like to think I convey a sense of personal style in all my interactions, and I believe professionals must interpret this style and respond to it just as they would with persons they meet outside the clinical or treatment setting. Seeing beyond the label of "parent of a child with special needs" and recognizing my right to act in an individual and autonomous fashion is an essential factor in establishing a relationship based on mutual respect and equality.

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Equally important is the knowledge that my children, regardless of their disabilities, are individuals unto themselves. Too often the child's unique psychological and emotional character is ignored. Professionals must fit themselves to the character of each child just as they fit their treatment to his special needs. To do less is to suggest that the child is only an object to be manipulated, handled, and examined.

I find the parent/professional relationship fraught with risk, and especially challenging in my struggle to maintain a sense of balance. No matter how successful I believe my children to be, or how normal they appear, the services and treatment provided by professionals serve as a visible manifestation of my children's special needs. The very presence of the professional emphasizes our vulnerability.

Also, it is easy to become overly dependent on professionals. They have specialized knowledge I need to properly care for and nurture my children, and at times seem much more capable of understanding and interacting with my children than I do. It is also all too easy to transfer my frustrations, anger, and fears about my child's condition or disability onto the parent/professional relationship. Then, if my child fails to progress, I can explain this as a failure of the professional and thus avoid the reality of the child's condition. While such negative feelings are obviously detrimental to a good working relationship, at times they seem inescapable.

While tinged with intimacy and caring, the parent/professional relationship is also based on a contractual agreement to provide services in a professional and ethical manner. While I always seek those professionals who express a real concern for the child and for the family as a whole, I also look for people who will not fail to provide the promised services. This position may seem contradictory, or at least at odds with all that I have expressed, but the fact merely highlights the confusion and difficulties I face in building relationships with professionals.

Finally, the parent/professional relationship really needs to be viewed as a unique type of bond. When I engage a professional to work with one of my children, whether it be a physician, educator, or therapist, I am offering that professional a special gift—the opportunity to share in the life of my child and my family.

Understanding the complex connections and the intricate bonds that link families and professionals together should be an important goal for all those who serve families of children with special needs. My most successful relationships have been with professionals who are not afraid to work closely with my children and me, and thus are able to respond to our unique set of needs and individual lifestyle, incorporating our family's choices into their own goals for children.

Special Needs Children, Special Needs Fathers

by James May

"I thought about Noah and how we would never get over him. He's an affliction here to stay, one that continually unfolds."

Josh Greenfield, in his painfully knowing story, *A Child Called Noah*, reveals the terrible ambivalence he feels as a father regarding his autistic son. This "affliction" is the greatest love of his life and also his fiercest enemy. Coming to terms with those bittersweet feelings is Josh Greenfield's greatest challenge. As a man, his cherished ideals for a son have been irreparably shattered. He must now reconcile conflicting conceptions of his role as a father and find new values and expectations that incorporate and encourage his child's full growth and development. In sum, he must redefine himself as a father!

What is that experience like for a man? Why is that so demanding and difficult? What are the feelings associated with such a radical change? We must begin by examining the ways men relate to their children, how these patterns have changed in the past few years, and what these changes mean for a family struggling to cope with the stresses and joys of raising a child with special needs.

The special bond between father and child produces measurable positive effects upon children in regard to their self-esteem, sexual identity, cognitive growth, curiosity, and social skills. (Pruett, 1987) Men are increasingly discovering the many joys of active involvement in their children's lives, and current literature illuminates dads as superb caretakers full of warmth, support, sensitivity, and love.

This involvement can be sorely tested, however, when a child has a disability or chronic illness. The dreams men bring to a child's life — lineage, ego fulfillment, athletic and vocational achievement — are threatened. Some men, unable to come to terms with the perceived loss physically leave the family. Some research indicates that the father, present in the immediate family or not, sets the tone for the acceptance of the child and the attitude each parent and the extended family brings to the child's life. (Price-Bonham and Addison, 1978) Thus, acceptance of his child and the roles he can play in the child's life are of utmost importance. Father's denial limits the infant's and family's emotional and physical well-being.

A man's ability to be an active part of his child's life depends upon previous role conditioning. Men traditionally have been providers, problem-solvers, protectors, competitors, and controllers. They glory in being self-sufficient, in charge, and strong. A special needs child, however, can render a man depressed, weak, guilty, powerless — and very angry. A father's self-esteem is often lowered, particularly if the child is his firstborn, a namesake, and male. (Cummings, 1976) "That I can't control the disability still leaves me confused... that I can't seem to do anything just drives me crazy," bewailed one father at a men's support group.

Realistic expectations for the child must be developed. This child is not the child dad hoped for; consequently, he must also work through his own grief issues, particularly denial, anger, and depression. It is crucial that he accept the child's diagnosis as early as possible, so the child may benefit from remedial therapy and early intervention. (Meyer, Vadasy, Fewell, and Schell, 1985) Too often such services have been offered during a father's working hours. Mothers, therefore, become the resident "expert" about the child's needs, learning style, and habits.

Photo: Peggy Zarnek, National Lekotek Center

Fathers of special needs children perceive few support systems in their environment and commonly report feelings of isolation and loneliness. Parent support programs, while inviting involvement of couples, are generally held during the day and heavily dominated by women. The few men who do attend frequently feel uncomfortable and out of place.

The workplace offers little encouragement; many men find it awkward to share personal concerns with their peers, and a special needs child just cannot "compete" with success stories told around the lunch table. I think of the two men who discovered they were both parents of special needs children, but only after five years of working side by side!

For a man to embrace his child's personal betterment, he must be given a chance to explore his own feelings in a supportive environment. "It's not as if we don't feel things, it's a matter of not knowing what we are feeling," commented a dad during a support program. Men have been taught well: feelings are to be hidden. Painful emotions may be camouflaged by addictive behavior (e.g., overwork or abuse of alcohol) and outward denial ("I'm just fine," "The kid is doing great").

Can we encourage men to willingly engage in their children's lives in responsible, caretaking ways? In his book, *The Nurturing Father* (1987), Kyle Pruett states that "One of the most tenacious obstacles to a man's discovery and sponsorship of his own nurturing capacities is the early and often reinforced lesson that the economic security of his family is his most sacred, possibly only, legitimate domain." The effect of adhering to "culturally defined ideas of manliness" removes a man from his innate capacity to bond and nurture his child.

To counteract such fiction, increased attention on the part of professionals should be focused on programs to benefit the needs of men. Early intervention centers, schools, and hospitals must all direct additional energy toward involving fathers with their children. Some excellent examples exist: Sponsor a "Pops 'n Tots" night, a special classroom where dads participate in activities with their children; if appropriate, take children to father's work environment and let them experience firsthand what dad does everyday; invite dads into the therapy, classroom, and day care centers; develop flexible scheduling that encourages men to attend an Individualized Education Plan; when calling home to talk with mom, also ask for dad; continue to seek increased numbers of men in the field of special education.

Programs of particular value are those that encourage men to be each other's best resources, and recognize the power of men assisting and supporting other men. Fathers' programs facilitate men dealing with their pain as well as sharing the love and joy they have for their special kids. The positive results of father involvement are endless. Family fatigue, stress, isolation, and depression for all family members are lessened. (Markowitz, 1983) Families begin to rebalance themselves in appropriate healthy ways. Our challenge then — as parents and professionals — is to dispute old mythologies and open new doors so that each father may embrace the irreplaceable value he has for his special needs child.

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Respite Care

by Shirley Cohen

Respite care — what does that mean? This is still a common reaction in 1988, more than ten years since respite care programs began appearing around the country. Respite care refers to temporary care given to an individual who has a disability, or who is dependent for other reasons, so that the primary caregiver may experience an interval of relief.

Respite care services are a direct outgrowth of the demands of parents of children with severe disabilities. In the mid-1970s when institutions began closing their doors to children, and some children who had been living in institutions were sent home, parents made it clear to professionals that they needed help in caring for their children. Some parents started respite care programs, and went about raising money to continue to operate them. It was parent voices, too, that sold legislators in many states on the idea of government support of respite care programs.

Why do families need respite care services, and how do they benefit from these services? A parent tells us her story:

"My son Christopher . . . is labeled 'mentally retarded' and 'autistic'. Chris was extremely hyperactive when he was younger. . . . At times, because of my son's wild, uncontrolled behavior, I felt I would lose my mind . . . . Without some relief from him at regular intervals, I simply would not have survived. In fact I think of respite care as a lifeline to sanity. . . ." (California Institute on Human Services 1982, pp. 4-5)

Numerous studies of respite care programs corroborate this concept of service as a lifeline. By giving parents opportunities to rest, recuperate, and spend time with their spouses and other children, respite care improves family functioning, helps normalize families, and reduces the likelihood that families will attempt to obtain out-of-home placements for children under age 18. (Cohen and Warren, 1985)

Models of Respite Care

Respite care may take different forms, with the most basic distinction being whether services are delivered in the family home, in the home of the care provider, or at a service center. Respite care provided in the family home is much like having a babysitter, but one who has knowledge and skills relevant to the care of children with disabilities. Home health aides may be called upon to provide in-home services when a child has special health care needs.

Some parents prefer out-of-home services so they can just remain at home to rest, relax, and renew their energies. Respite care delivered in the home of a provider can respond to this need and have additional benefits as well. An on-going relationship may be formed between the two families involved, resulting in a sense of support and security. This model of service may be implemented using paid providers, volunteers, or parent cooperatives.

Other out-of-home models include drop-in centers, weekend and holiday camps, and residential facilities (group homes) established expressly to provide respite care.

Photo: Family Consortium Project

The Current Service Picture

In the 1970s and early '80s, respite care was often thought of and provided as an isolated service. Today, respite care is seen as one component of a comprehensive system of services needed to support families. Every state now has at least the beginnings of such a support program for families of children with disabilities, although only about half of the states have well-developed systems. Some states offer only a limited range of services, and provide them to just a small percentage of the families who need them.

Services frequently included in family support programs are: respite care, case management, parent education and counseling, adaptive aids and equipment, transportation, home modifications, homemaker/home health aide services, and attendant care. These services are often provided at no cost or on a sliding fee scale basis. Fifteen states now offer cash assistance or vouchers in lieu of or in combination with direct services to families of children with severe disabilities.

While some respite care programs are operated by parent cooperatives or through the use of volunteers, most programs recruit and train paid respite care workers. Training programs implemented by agencies that operate respite care programs may range from one day to thirty or more hours plus courses in first aid and CPR. In good respite care programs, formal training is supplemented by detailed information about individual children provided by their parents.

The two major reservations that families using respite care have voiced about this service are its limited availability and the quality or skills of respite care workers. The former problem can only be addressed by an expansion of service availability, with an increase in services particularly to those families whose functioning is seriously threatened by an imbalance between care demands and family resources. The second problem must be addressed by better matching of respite care workers to family styles and needs, and by the use of professionally trained persons as respite care providers for children with complex care needs.

Some families do not use respite care because the service models available to them don't fit their needs. They may want out-of-home services but only in-home care may be offered. They may want more opportunity to participate in the selection of respite care workers for their child than is allowed by the agency providing respite care in their area. Clearly, states must move toward ensuring a broad range of respite care options that encourage families to choose and shape the services they need.

The Federal Role

In the late 1970s, the Administration on Developmental Disabilities served as a catalyst in the area of respite care, funding several "Projects of National Significance" on this subject. However, federal initiatives since that time have been minimal. Title II of The Children's Justice and Assistance Act of 1986 authorized the Department of Health and Human Services to make demonstration grants to states to establish respite care programs for children with disabilities or chronic illness. Congress did appropriate funds for fiscal year 1988, but the Department of Health and Human Services has not made these funds available to the states.

The most valuable role the federal government could play in this arena is to rechannel the Medicaid funds now used to support institutional programs for individuals with severe disabilities into home and community services. Such a rechanneling of federal monies would allow for the allocation of sufficient, diverse respite care services to make a real difference for families in all parts of the United States.

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New Perspectives on Financing Health Care:

by Julianne Beckett

A Brief Overview

It is not unusual for the family of a seriously ill child to find themselves confronted with major physician/hospital bills and little knowledge of how those bills will be paid. Their private health insurance may provide only limited coverage; or, if they have no private insurance, they may need to turn to a public payment program. In the latter case, they might not know which program to apply to, or, once having made application, can be overwhelmed by complex program policies that seem to limit the degree of coverage.

The following is a brief discussion of some of the issues related to this all too common dilemma.

■Private Health Insurance Issues

Private health insurance is available to children either through an employer-based group health policy or through self-purchase by the family. Group policies are a less expensive option; unfortunately, however, their costs are on the rise due to copayments and deductibles. Most policies today are written so that 80 percent of the cost is carried by the employer and 20 percent is carried by the employee.

Before buying insurance, parents should ask for specifics about what the plan covers. Are home health care benefits available? Are there restrictions on providers? Does the family have access to an individualized case management system within the insurance program or through an outside entity? Are there prior authorizations needed for certain services?

In most states, a large group policy holder cannot exclude a "condition" from an insurance policy. They can, however, place a time and/or dollar amount to be met before the policy becomes active. Is there major medical coverage and what is the cap or dollar amount insurance will pay? It should be noted that once the cap is reached, the insurance company has no obligation to continue payment. Therefore, it is important to plan for a secondary payor, perhaps by purchasing an extended coverage policy. Catastrophic or chronic illness can use up dollars very quickly, especially if extended long-term care is necessary. For this reason, caution should be exercised in the purchase of such insurance.

"Self-insured" plans have been created by employers to save money. With few exceptions, these plans limit coverage and this often makes them unable to handle long-term, extended care costs.

One provision that Congress has implemented to prevent employees from losing their jobs because of over-utilization of health benefits has been the COBRA law (P.L. 99-472). Companies with more than twenty employees must cover workers under their health insurance policies for at least eighteen months should the employee lose his/her job. Although the premium may be slightly higher under these circumstances, the employee can use this protected time to become re-employed and meet a pre-existing condition clause in another employer's policy.

Health maintenance organizations and prospective payment options are also available to provide health care access at a reduced cost. However, unless provider lists include physicians with the specialty needed by their child, the family may have problems gaining access to those specialists.

■Public Programs Paying for Health Services

Low-income families have become eligible for the government supported Title XIX Medicaid program, established in 1964. In most states eligibility comes through the Aid to Families of Dependent Children qualifications or eligibility to the Supplemental Security Income Program.

In 1982, it was recognized that a significant number of children who were dependent upon high-tech medical care were being forced to live in hospitals because their homes and alternative institutions were not staffed to meet Title XIX requirements. The government came to realize that this unnecessary hospital care was not only inappropriate, but also very expensive. As a result, the Health Care Financing Administration developed several options a state can use to better serve these children at costs equal to or less than that of institutional care.

The first of these was the "medically needy" program. Persons with an income over the eligibility guidelines can use medical costs to reduce their income to a level that would make them eligible for the state's Medicaid package.

The second option, the "2176 Waiver" programs, allowed states to waive the child's deemed income from their parents and thus leave the child with no assets, making him/her eligible for Medicaid. If institutionalized for longer than thirty days, a child is automatically eligible for Medicaid (20 USC 14). However, if a child should return home, a part of his parents' income is "deemed" his, and therefore excludes him from Medicaid. This "deeming" rule is waived under most of the 2176 waiver programs. States can apply to the federal offices for approval of either a "model" waiver program or a "home and community-based" waiver program. Again, the child has to be eligible for Medicaid if institutionalized, and the cost for care at home must be equal to or less than the cost provided him/her in the institution.

Another option is that states may choose to incorporate this population into their Medicaid program through an amendment to their current state Medicaid plan.

In the area of access to health care services, Congress has extended Medicaid benefits to low-income women and women involved in high-risk pregnancy and their offspring. They have also determined that states can pay for case management and payment for health care provision under the states' Medicaid program.

■Other Special State Programs

It is generally agreed that at best these methods of payment for physician and hospital charges are less than satisfactory, and a number of states have implemented special payment programs (e.g., high-risk insurance pools). When a person has been denied health insurance coverage by several companies or the premium is extremely high, states have opted to provide high-risk insurance covered by a tax on insurers or providers. This spreads the risk across the state's population and reduces the use of Medicaid and other welfare programs. Each state insurance commissioner's office can provide further information about whether funds like this exist in your state.

Parents of children with special health care needs should make two local contacts: the Social Security office to check their eligibility for Supplemental Security Income, and the Department of Human Services (Social Services) to investigate what programs are available and whether state supplemental assistance could provide further help. In addition, there are state level programs that also provide services for children with special health care needs.

All families with special needs children need to be apprised of service options. Toward that goal, the National Maternal and Child Health Resource Center is preparing a guide for families in the area of health care financing that parents can obtain in the near future.

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The following material has been excerpted and edited from Education and Training of the Mentally Retarded *(in press).*

A Life Span Perspective

by Ann P. Turnbull

Frequently, I have characterized parenthood of a child with a disability as being a marathon rather than a sprint. The real issue for families in preventing institutionalization, achieving community integration, and meeting the special needs of their disabled youngsters is to remain intact over time, meet the developmental needs of the child over time, and develop the kinds of relationships that remain resilient and vital over time.

Thus, in taking a long-range view of family life, I propose that early intervention practitioners conceptualize comprehensive family-centered support in terms of the kinds of services that will propel the family to finish the marathon. We need to think very carefully about the expectations of the environments in which families will function, identify critical skills for success, support families to develop those skills early, and enable families to be successful at each stage of the life span.

I would like to share a preliminary and tentative list of marathon skill areas that I feel could comprise a comprehensive family support program.

Meet Basic Needs

First and foremost, basic family needs for food, shelter, health, and security must be met before focusing on other important areas of family life. We must recognize this is part of our mission and can be accomplished through a combination of early intervention support and assistance from other agencies in a coordinated and collaborative fashion.

Learn Self-Awareness

Many families have not had an opportunity to reflect on what their needs and strengths are, and may not be able to articulate their values, coping strategies, resources, pressure points, and joys. Families must take time to explore feelings, options, and preferences to learn about themselves.

Identifying needs is the linchpin of the problem-solving process, and families will go through that process time and time again over the years as they and their child change and face new challenges. Learning self-awareness early can be a major catalyst for long-term success with problem-solving.

Love a Child Unconditionally

There is a phenomenon that occurs for some parents during the early intervention years when they fall in love with who their child might become someday, if only they work hard enough to help the child master sufficient objectives to be less disabled and more normal. A challenge for us to consider in conceptualizing family support is how to help parents prevent the heartache and detachment of not being able to love children with a disability unconditionally—for who they are, just as they are.

I believe a major component of unconditional love for all people, including people with disabilities, is for family members to develop a philosophy about the value of people that is not contingent on achievement, normalcy, success, talent, attractiveness, or progress.

Establish Relationships

Relationships are absolutely vital for family members and their children with disabilities to maximize their access to assistance, emotional support, and general well-being. Unfortunately, many families find it easier to remain isolated in order to prevent the risk of embarrassment or rejection. As families and professionals plan for community integration, perhaps the greatest social security we can offer special needs families is helping people in their community to know them, care about them, commit to their welfare, and generally be open to helping them meet their needs and maximize their strengths.

Experience and Benefit from Emotions

I and every parent I have known find having a child with a disability to be an extremely emotional experience. These emotions don't just occur shortly after diagnosis, but exist over the full life span. Concepts such as chronic sorrow suggest that some of the feelings of sadness and disappointment remain episodic over time.

Families of children with disabilities often find themselves isolated because few other people are prepared to share their emotions. Families desperately need to have their emotions listened to and validated, and they need to know how to channel their emotional energy into constructive outcomes.

One of the big gaps in support services is helping families learn to experience and benefit from emotions. Professionals must learn the humanness of emotion related to disability themselves before they are able to support families to do the same.

Take Charge

Taking charge of a child's education and development involves skills such as problem-solving, collaboration, home-teaching, and community organization. These skills also include the ability to commit to goals based on one's values, as well as the tenacity to overcome problems. I think the capacity for sustained effort is one of the key marathon skills.

Taking charge of one's life is also taking charge of attitudes or perspectives about one's life circumstances. Reframing the situation to focus on positive benefits includes learning to compare oneself to others and to be thankful for one's own condition, finding humor in situations, thinking how things could be worse, and identifying the contributions a child with disabilities can make to family life.

Anticipate the Future and Learn Transitional Planning

Some model programs are assisting families in making the transition from the neonatal intensive care unit to home, from early intervention to preschool, from preschool to kindergarten, etc. Future planning for transition, I believe, involves about three-quarters generic skills and one-quarter specific skills at a given transitonal period. My hope for family support in early intervention is to teach families the generic future planning skills they can apply at *every* life span transition, and then the particular skills they'll need within the next couple of years.

Establish Balance

Families need continual encouragement to think broadly about the priority needs of each family member, and to learn skills for juggling time and attention in order to establish equity within the family. While the education of a child with a disability is a critical concern, so, too, are meeting the economic needs, socialization, spiritual, general housekeeping, and countless other responsibilities of families. Encouraging balance can also lead to the recognition of need for child care helpers and respite care services; time away involving breaks in responsibility can be essential in finishing the marathon.

The skills I have suggested are illustrative, not definitive. They represent, however, a springboard for considering how early intervention can be a launching pad to marathon family living.

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★ States Take Leadership Role in Prevention/Early Intervention Programs for Young Children with Special Needs

by Eleanor S. Szanton

Roughly 1 to 2 percent of all children born in the United States are born with discernible handicapping conditions. About 7 percent are born low birthweight (most of these babies are premature, though some are "small for dates"). Many more children come into the world with disabilities that are not identified at birth or even soon after, but will affect their ability to perform in school. And perhaps most frustrating to families and professionals alike is the fact that another large fraction of children are born with a slight dysfunction which could easily be overcome if identified early and the family had advice and support in addressing the problem. Even though we cannot put percentages on these two latter groups, we know they exist in the population because of clinical experiences and because a much larger percentage of children need special education by the time of school entry (11-12 percent).

What has happened by and large to these children, many of whom have never even been "picked up on our radar screens" during those first six, very important years? What kinds of services have they received or failed to receive, which might have helped them overcome part of their problems before they became more severe? What kinds of supports and services have their families received, or failed to receive, which might improve their ability to cope with the situation? These are some of the questions that a number of states and the federal government began to ask over the last decade.

For well over fifty years, the federal government has taken an interest in helping states improve their services to families with special needs. The Children's Bureau, founded in 1912, was one of the first. The landmark legislation under Title V of the Social Security Act of 1936, creating the Bureau of Maternal and Child Health and Crippled Children, was another. The Developmental Disabilities legislation under the Kennedy Administration which created major university-based research, diagnostic, and treatment centers for children with mental retardation and other special needs, was a significant expansion of federal funds in this direction.

In the mid-1960s, the creation of Medicaid and its screening tool—the Early and Periodic Screening, Diagnosis and Treatment program—represented efforts to find and treat children who might not come to the attention of private physicians for lack of money. (A very exciting recent set of amendments to this act will now allow states to pay for medical and diagnostic services for small children under the federal poverty level even if they are not on welfare.)

The Headstart program set aside places specifically for children with handicapping conditions. The Handicapped Children's Early Education Program, established in 1968, recognized the need for intervention early. That program has, over the years, funded a number of programs that supplied state-of-the-art models for activity in early intervention.

The Education for All Handicapped Children Act (P.L. 94-142) enacted in the mid-1970s, signalled a new day for families of children with special needs. It required these children to receive a free and appropriate education with educational plans developed jointly and regularly, reviewed by parents and school staff together, and with legally binding procedural safeguards. Amendments of this act began to give states strong incentives for serving children younger than school age.

Now the federal government has begun to extend the provisions of P.L. 94-142 to even younger children. In 1986, the Congress passed the landmark legislation, Public Law 99-457, amendments to the original law. This set of amendments mandates services to children with special needs who are three years of age or older. Beyond this, it provides states with financial incentives to plan for services to children from birth to age three who have already identified handicapping conditions or other conditions that put them at risk of developmental delay.

In itself, this would have been a great achievement. Even more, however, the law requires participating states to plan and develop services based on the understanding that infants and toddlers need services broader than "education," and that their families have an integral role in their progress.

Innovations such as state options as to which will be the lead agency for the Part H (birth through 2) section of the law; establishing an Interagency Coordinating Council representing other agencies working in the prevention area to advise the lead agency; requiring that services for these children include services for their families; emphasizing a single case manager to help families link with a variety of services; and above all, determining that states could opt to cover children who were only deemed to be at risk of developmental delay, including those at risk solely for environmental reasons, all make the law a great opportunity for those hoping to address the needs of families as they first become evident.

Photo: Peggy Zarnek, National Lekotek Center

Opportunities for the Family Resource Movement

Members and friends of the Family Resource Coalition have two clear roles in relation to this exciting development. The first is in spreading the family resource philosophy. Obviously, there are many overlaps of viewpoint between the family resource movement and the framers and implementers of P.L. 99-457. They both place a heavy emphasis on prevention of problems before they become overwhelming to child, family, and service system. Furthermore, they emphasize the family as the true center of activity, even if the child is the one showing most severe problems. Helping the family help the child is a proposition very well known to both groups. In fact, as some of the other articles in this issue suggest, parents of children with handicapping conditions may have a few things to teach the family support movement about the tremendous resource that families can be to those who design and administer service programs.

The other role of the family resource movement in relation to P.L. 99-457 is for individual programs to get involved in their own state planning. What process will the state use in deciding who is eligible for service under the new law? Will it include children at risk? If so, will that include children at environmental risk of developmental delay (perhaps including children who have been victims of abuse)? The federal government will soon be issuing regulations about the implementation of P.L. 99-457. If you are a provider, you should know that your state is required to hold hearings on implementation of the new regulations. Is that an opportunity for professionals and parents from your program to become familiar with those who will make decisions in this area, and/or testify about the need to design a system that links and includes services represented by your program?

If the state initiates an aggressive "child find" program, which it is required by law to do, how will that requirement be translated into screening for developmental delay and disability? Might your program have a regular arrangement whereby all your children receive simple screening and evaluation? There is a lot of talk about "mainstreaming" children with handicapping conditions into ordinary day care or preschool programs. Of course, families with special needs children need to talk to each other, as some of the other articles in this issue show. Some, however, are ready and anxious to be "mainstreamed" into more general family support groups. For example, it is very comforting for the parents of a special needs child to realize that their child's particular behavioral crisis is actually experienced by many parents of two-year-olds.

In summary, the advent of P.L. 99-457 presents advocates for families and children with an array of exciting opportunities. States are beginning to make linkages between more general prevention and more specific early intervention services. It is essential that those who run and those who promote family resource programs become part of this process for the good of the families and small children within their state and community.

Eleanor Stanton, Ph.D., is Executive Director of the National Center for Clinical Infant Programs. She is principal author of NCCIP's publication, Infants Can't Wait: The Numbers, *and has recently authored a chapter on "Our Nation's Youngest Children: Who They Are and How they are Cared for" in the publication,* Giving Children a Chance *(Center for National Policy, Washington, DC, in press). She is Vice President of the Family Resource Coalition and of Education for Parenting.*

Contact: Eleanor Stanton, NCCIP, 733 15th St., NW, #912, Washington, DC 20005, 202/347-0308.

Texas Early Childhood Intervention

In 1981, the state of Texas authorized the initiation of a program which would use state funds to develop comprehensive service programs for children — prior to school age — who were handicapped or at risk of disability. The state appropriated approximately $6 million per year for this endeavor. It set up a highly unusual interagency government entity, the Early Childhood Intervention (ECI), to set policy and oversee the administration of the program. This unit is made up of a high level representative from each of the Departments of Health, Education, Human Services, Mental Health, and Mental Retardation, as well as a parent appointed by the Governor's office.

ECI now has 71 programs. Its annual budget is $10 million, to which $5.5 million can be added from old and new federal funds. Each program has a combination of developmental intervention, physical and/or occupational therapies, a strong family component (offering training, counseling, support groups, usually a choice of home-based or center-based activities, as well as group or individual activities), and case management with strong linkages to other social services. Programs exist in both private and public agencies, school districts, universities and colleges, even in the neonatal intensive care units of local hospitals.

The programs serve any child 0-5 who is at established risk or suspected at risk of developmental delay. The state is committed to serving up to approximately 18 percent of all young children and their families as funds permit, under present definitions of "at risk" (it expects to serve 3 percent under P.L. 99-457). The state will reimburse for family-focused services. This year the annual ECI conference will be on FAMILIES, and is being organized by the newly hired parent of a handicapped child on the state staff.

ECI is also embarking on a pilot High Priority Infant Tracking Program, to be instituted in 30 counties by 1991, to check the status of all babies born in the county. Counties must have an interagency follow-up effort in place, with interagency councils and a strong public health component, using a giant recall system to track families for check-ups.

Texas views the funds from P.L. 99-457 as well as the requirements for an individualized family service plan as a fine opportunity to increase the scope of its work and to serve many more children than just those with handicaps discernible at birth.

For further information, contact: Donna Samuelson, Early Childhood Intervention, 1100 W. 49th St., Austin, TX 78756, 512/465-2671.

Connecticut's Recent Activities

The State of Connecticut has also appropriated some of its own money for early prevention and intervention programs which tie in with P.L. 99-457. In 1987, the state legislature allocated close to $300,000 to erect a comprehensive system for locating, screening, instituting further diagnostic work, and then serving all children under three years of age who are suspected of being at developmental risk in the north central region of the state. The "Demonstration" area includes Hartford and comprises one-third of the state population. When federal funds for P.L. 99-457 became available, state administrators decided to devote much of them to the same area in order to show how such a comprehensive system, adequately funded, could work. Next year, therefore, the demo will have more than half a million dollars for this purpose.

The executive branch of the state government has shown as strong a commitment to this effort as has the legislature. One illustration of this fact is that very high level state bureaucrats attend the interagency coordinating meetings. Commissioners of the Departments of Health Services, Human Resources, Income Maintenance, Mental Retardation, Education, and Children and Youth Services, among others, meet monthly to try to create a seamless web of services. Their lower level representatives meet more frequently as an interagency working group, which is also the steering committee for the demo project.

Since P.L. 99-457 will become a mandate to serve children under age 6 in the state of Connecticut, the Commissioners are concerned about the number of children they will be held legally responsible for serving. At the same time, the state's Department of Children and Youth Services is considering ways to expand its prevention and family support activities, using a case management model. The opportunities for tying federal, state, and private demonstration monies together for prevention and early intervention are obvious.

The demo project is presently gearing up to receive any family that has requested help or has been referred by a professional. Such a referral could come from a family resource program concerned about the developmental progress of a particular child. (Consultation with the family and parental consent would be necessary at every step.) After screening and assessment, an initial individualized family service plan will be developed. Each child and family served will be assigned a case manager or family advocate who will help them choose from an array of free services. Here again, these services might well include a family support or family resource program.

For more information on this state system, contact Virginia Volk, Unit Coordinator, Early Childhood Program, State of Connecticut, P.O. Box 2219, Hartford, CT 06145, 203/566-5584. Those who wish more information on the demonstration program should contact Susan Epperson Vater, Birth to Three Interagency Service Coordination Center, 630 Oakwood Ave., Suite 221, W. Hartford, CT 06110, 203/249-8151.

For Preschoolers with Handicaps - Free Appropriate Public Education by 1991-92?

by Pascal Louis Trohanis

Photo: Northwest Center Child Development Program

Congress enacted and on October 18, 1986, President Reagan signed Public Law 99-457 which amends the Education of the Handicapped Act (EHA). These amendments re-authorize a number of EHA programs and authorize a national policy and timetable for more and better services to young children with special needs and their families.

This new policy and schedule were generated because of several reasons: the needs of children and families; the documented benefits of early intervention; the existence of no mandate or entitlement for services to 3-5 year olds in over half of America's governing entities; and, the growing call for partnership roles among families, advocates, and professionals in planning and implementing services.

Two major programs of P.L. 99-457 serve as key catalysts to the improvement and expansion of services. The Part H state grant program for infants and toddlers with handicaps is discussed elsewhere in this issue of the FRC Report (see pages 14-15). The second, the Section 619 state grant program for preschoolers (ages 3-5 years) with handicaps, is described briefly in this article. Additionally, several challenges are raised in relation to the implementation of Section 619, including a call for building more partnerships with other preschool initiatives in states. The bottom line for the Section 619 program will be: Can it stimulate all of America's governing entities to offer and assure a free appropriate public education (FAPE) for every eligible preschooler by 1991-92?

Overview to Section 619

Section 619 P.L. 99-457 amended a previous portion of the EHA. This section creates enhanced incentives so that all states, territories, and the District of Columbia will provide a free appropriate public education to all eligible 3-5 year old children with handicaps by school year 1990-91 (or 1991-92, depending upon the availability of federal funding). Services may include instruction for parents and variations in child programming (e.g., home or classroom) and in duration (e.g., part or full day). And all other requirements of a state's Part B Plan for special education and related services (e.g., due process and procedural safeguards, evaluation and placement in the least restrictive environment, Individualized Education Program) must be instituted.

The incentives are created through the provision of special grants to states wishing to participate in this program. As of June 30, 1988, grants have been made by the U.S. Department of Education through its Office of Special Education Programs (OSEP) to all of America's state educational agencies (SEA). A minimum of 70-75 percent of these funds must then flow from the SEA to local educational agencies, intermediate educational units, and/or other contract agencies so as to develop and expand or improve community-based services. The remaining funds may be used by the SEA for statewide program development, cooperative planning with Part H, training, and administration.

Congress allotted $180 million during the 1987-88 school year and $201 million for the 1988-89 school year for these special grants to help implement this national policy. State allocations are based on a complex formula. It is derived from the number of 3-5 year old children with handicaps currently receiving special education and related services (e.g., $300 per child for 1987-88 and $400 per child for 1988-89). Also, states may receive additional monies for an estimated number of youngsters who will receive services for the first time. These grant monies are to serve as incentives to help convince states to develop, expand, improve, and routinize programs and are not intended to pay for the entire cost of these preschool services.

If a governing body (state) does not establish a FAPE policy by 1991-92 (at the latest) for its 3-5 year olds, Section 619 contains some penalties. Failure to adopt this policy will result in a loss of these particular federal preschool grant monies, as well as the Part B State Plan formula grant monies for these youngsters. Also, the state may not receive selected EHA discretionary grants for such projects as research, demonstration, and training that address the needs of 3-5 year olds.

Pascal Louis Trohanis is Director of the National Early Childhood Technical Assistance System (NEC/TAS) at the Frank Porter Graham Child Development Center, the University of North Carolina at Chapel Hill. He is also an Associate Professor of Education.

Contact: Pascal L. Trohanis, Director, NEC/TAS, CB #8040, 500 NCNB Plaza, Chapel Hill, NC 27599.

Some Challenges

State and local service providers, advocates, and parents face a number of challenges as they actively get involved in Section 619 program development and implementation over the next few years:

1. How to insure that parents are accepted as partners in planning services for their children, especially in those governing entities where there is no history of an entitlement for universal special education and related services to young children?

2. How to orchestrate the Section 619 grant activities with those of the state's Part H grant, especially in program areas such as child identification and screening, prevention, eligibility, transition, tracking systems, family involvement, and individual plans?

3. How to determine and characterize the child population to be served, especially along categorical labels or non-categorical dimensions?

4. How to conceptualize the least restrictive environment for preschool children with handicaps, especially when states do not have mandatory regular education or child development program settings for preschoolers?

5. How to assure that a sufficient number of qualified personnel will be available to operate these programs for preschoolers and families, especially in rural areas and those places with large culturally diverse and/or low income populations?

6. How to design or reform policies and get them accepted, as well as acquire the necessary state and local resources so as to implement predictable and sufficient services since the federal incentive grants are modest and not intended to pay for the entire costs of services?

7. How to design and install accountability mechanisms to insure program access, quality, and benefits?

8. Finally, how to establish effective partnerships between 619 programs and a host of other early childhood initiatives that are developing or are operative in states? These initiatives may include public and private child and day care, early childhood and parent education programs, state pre-K programs or pilot projects, and federal programs such as Head Start, Developmental Disabilities, Early Periodic Screening Diagnosis and Treatment (EPSDT) and the new Even Start program of Chapter I.

Closing

Section 619 of P.L. 99-457 can serve as a catalyst for new and improved opportunities for all of America's eligible youngsters, ages 3-5 years. To make FAPE a reality, and not just a dream, states must act thoughtfully in three ways: They must articulate a clear vision and philosophy for their desired service system for preschoolers with handicaps; they must make wise use of their special federal incentive grant funds; and they must make sound investments in their local communities by encouraging creativity, cash outlays, commitment, and collaboration among parents, advocates, and service providers.

Networking in New York State: A Green Thumb Experience

by Lisa Grippo-Gardner and Catharine McHugh

Outreaching and networking are no longer buzz words of the '80s. In New York State and throughout the country, we increasingly use these techniques to share knowledge and develop our awareness of appropriate and available services. Particularly in serving minority families, these efforts have played an integral part in the success of many agency's service delivery systems.

Two agencies—the NYS Commission on Quality of Care for the Mentally Disabled and the NYS Developmental Disabilities Planning Council—serving disabled populations in the New York State Capital district, wanted to improve outreach activities to minority communities. We recognized the importance of the cultural differences and socio-economic conditions of each separate minority group, and learned that nothing permeates family life more than ethnic identity. We also became aware of the significance of serving the whole family rather than attempting to provide one item on a laundry list of needed services, and, most importantly, discovered that information must be provided locally where minority families feel at home.

Through our individual outreach efforts and experiences, we were able to jointly form a network of agencies. It is our hope that others will benefit from the tips we have to offer about how our network began and blossomed.

Plowing the Soil

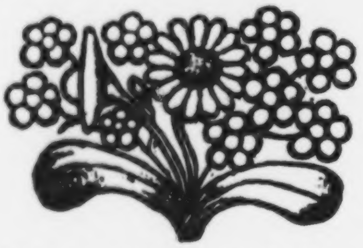
Families are clearly the essential resource in developing and maintaining quality care and services for the disabled. In recent years, families have created advocacy groups that are concerned about accessing services for their disabled family members and monitoring their quality. To help families accomplish this complex task, the NYS Commission has provided on-going advocacy training and technical assistance to more than 2,000 families.

During this period of outreach, the Commission became keenly aware that minority families, particularly those who are Spanish-speaking, were under-represented in the family group movement throughout the state. In the Capital District area, for example, there was a growing population of Hispanics, numbering close to 10,000, who lacked services because there were too few Spanish-speaking social service and health workers to deal with their needs. Clearly a minority network was needed in this upstate urban and rural region to let families know about a variety of services that were available to them and to their disabled family members.

A statewide training conference sponsored by the Commission brought a wide range of service providers, outreach workers, and advocates together to focus on better serving the needs of minority families. As a result of this conference, the way was paved to structure a minority network.

A Seed is Planted and Sprouts

We began with fewer than twenty names of individuals representing a broad brush of agencies and organizations, from a two-person United Tenants Office to the NYS Department of Health employing thousands of professionals. Our first meeting was an introduction and sharing of information about the services we provided. The diversity of the group was mind-boggling at first, but we soon discovered we served the same families and encountered many of the same difficulties. Despite our varying sizes, resources, and purposes, we felt like jigsaw pieces quickly fitting together to form a picture. We also identified others to invite to future meetings, hoping to complete the puzzle.



By our second meeting, the original group of seventeen had grown to forty-two representatives. Some of the additional members had been identified through specific outreach visits to agencies or by other participants, and brought special expertise that strengthened the group. For example, four Hispanic women from different organizations were looking for a broad-based support group to bring some of their ideas to fruition. They represented very different Spanish cultures and helped us in identifying specific outreach techniques that worked best for these Latino communities.

Also new to the group were persons familiar with the Black community in the Capital District area who had worked diligently in outreach efforts designed to strengthen Headstart programs and services to the elderly. They invited members of the network to join them in a grassroots task force to improve services to Blacks in their locality. We welcomed these new participants and, inspired by their ideas, were determined to develop some group-wide goals. The one single tie that bound us together was that all members were interested in providing direct information to minority communities about the services and programs available to them.

The idea of an information fair surfaced as a project that could include all of our diversity while providing help to minority communities as individual agencies. To enable people to get information locally, we decided on several fairs in different locations. Groups worked on the fairs in their own communities but shared information with all the network members.

In undertaking such a project as a network, we learned the following:

- Identify an activity that all network members can benefit from, but not all need to be directly involved in.
- Use existing and available materials, mailing lists, sites, technical expertise (i.e., printing and graphics designers or individuals' knowledge of different ethnic groups) to accomplish the activity, avoiding the need to come up with new resources.
- Plug into activities that are already scheduled, adding your focus to a special segment of the activity and leaving the overall planning and implementation work to the original coordinators.
- Report back to the network members on the strengths and weaknesses of the activity (especially if they were not directly involved) to give them the benefit of your experiences.

Watering the Garden

Building on successful experiences, the network was eager for a larger project and has undertaken work on a statewide minority training series designed to develop a better awareness of individual ethnic groups in New York State. Different formats and presentations will be offered at different sites, and each will include a wide range of family service providers, organizations, and agencies.

The minority network is thriving with a minimum of care because the need for its existence is very real, and the activities it undertakes are simple ones which grow out of its members' experiences and knowledge. Our network has continued to grow, encompassing New York City with the addition of 400 agencies, organizations and individuals. Networks are not artificially created or complex; they can expand the potential of agencies and individuals with existing resources and funding. Agencies, organizations, and groups in New York State are tending their gardens a little better now because of the network. We hope minority families will reap the harvest.

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Catharine McHugh, MA, Special Education, is Coordinator of Training, NYS Commission on Quality of Care for the Mentally Disabled.

Both Catharine and Lisa are members of the Family Resource Coalition.

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▲Programs ▲Serving ▲Special ▲Needs ▲Families

●Serving a very low-income population in the Bronx, the **Family Partnership Program** (FPP) responds to the special needs of families caring for children with significant developmental disabilities at home. The program helps families make use of existing resources, and/or enables them to overcome the limitations of inadequate or incomplete services.

Two major strategies are used to strengthen the caregiving capacities of families: a resource credit system and service advocacy. The emphasis throughout is on flexibility and partnership—the program makes resources available to families, and the families decide how best to use those resources.

Through resource credit, FPP makes support monies available to families at one of three levels of credit: $100, $200, or $300 per month, with assignment to a level based on individual assessment of the severity of the child's dysfunction, family income, family caregiving capacity, and availability of assistance from other sources.

Family guides assist families in developing a 6-12 month plan for the use of their resource credit funds. These may include in-home or out-of-home respite, transportation, special food and clothing, as well as home modifications and equipment. When asked to do so, guides can assist families in finding a supplier of goods and services or help to negotiate prices. The resource credit approach provides families with substantial discretion in selecting support services, and then helps arrange a form of payment with the family and the provider.

The advocacy and service coordination component of the project offers assistance to families in obtaining access to services for which they're eligible. Family guides provide information about existing programs and services and then help with applications for Medicaid-financed home care, identification of out-of-home respite programs, arrangements for educational programs, location of health and rehabilitation services, and assist with housing problems.

FPP has played a strong role in strengthening inadequate service coordination among Bronx agencies by promoting information sharing, convening meetings of service providers and families to enhance communication, and preparing a consumer guide to service resources through an interagency effort.

In its first year, FPP served 140 families. Financial aid was provided to 80 families, and 60 others received advocacy and coordination services. Core program staff are a director, two family guides, and an administrative assistant. The service program operates on an annual budget of $280,000 of which $138,000 is reserved for financial support.

Contact: Kathleen McKaig, Director, The Family Partnership Program, 1180 Rev. James A. Polite Ave., Bronx, NY 10459, 212/542-0030.

▶FRC *Member*

●**Parents Helping Parents** (PHP) is a free-standing, nonprofit resource center for families of children with birth defects, acquired disabilities through sports or vehicular accidents, chronic or terminal illnesses. A 12-year old volunteer group of parents, professionals, and lay counselors, PHP also services parents of learning disabled children, the nearly drowned, intensive care nursery high risk and preemie babies, and parents who have lost children through miscarriage, stillbirth, or neonatal death.

The organization offers families emotional support, information, peer counseling, direction, training in advocacy and communication skills, a stress outlet, time, and attention. Psychosocial support is provided to parents by parents experienced in raising a special child. Operating on the premise that there is no substitute for "someone who has been there," hundreds of trained parents whose children have a variety of handicapping conditions are matched with parents of children with similar disabilities through the Visiting Parent Program. PHP also operates a program for the siblings of all special needs children, and produces a newsletter and other publications for professionals and parent groups.

PHP believes that parents of special needs children must be well informed about their children's rights, understand how to advocate for them, be aware of available programs and services, know how to access the systems of support, avoid being socially isolated, and be knowledgeable about their child's abilities and strengths.

PHP is also committed to training professionals toward better ways of communicating and working with families of handicapped youngsters, and educating the public about the on-going emotional, social, and financial needs of these families.

Contact: Florene M. Poyadue, Director, Parents Helping Parents, 535 Race St., Suite 220, San Jose, CA 95126, 408/288-5010.

Photo: The Rehabilitation Institute of Chicago

●**Parents Reaching Out** (PRO) was born six years ago out of the frustration of a group of parents in the Albuquerque area who had young children with developmental disabilities. Feeling unsupported, impotent, and discouraged with New Mexico's lack of services and systems, these parents determined that major changes in policy and attitude were needed and set about making them happen.

•Pragmatically, PRO realized that if New Mexico was to serve its children with disabilities appropriately, families would have to be recognized as the ultimate caregivers and decision-makers for their children. It meant organizing diverse groups of parents all over the state, getting professional training in the health and education fields, learning about the funding priorities of agencies and institutions, and dealing with attitudes toward disabled children and their families and the role of parents in making policy.

PRO is active throughout the state with families who are ethnically and economically diverse, and often geographically isolated. They provide peer support, act as advocates, develop information services, educate the public and professionals about children with handicaps, secure services, and promote early diagnosis and identification. PRO has created major legislative changes for their population, sponsored conferences, and continually expanded their state activities and regional groups.

PRO parents have led the efforts to create a Medically Fragile Children's Program, lower the school age to three for children with handicaps, and developed a high-risk health insurance pool. Hundreds of families have received PRO's advocacy training in order to work with their legislators, school personnel, and those who write policy.

Through their Family Support Project, PRO provides help to parents who choose to keep a handicapped child at home. Training in case management and financial planning aids families directly; PRO also assists communities to develop respite care programs, helps form local parent support groups, and networks existing ones.

Contact: Sally Vancuren, Director, Parents Reaching Out, 1127 University NE, Albuquerque, NM 87102, 505/842-9045.

● Profound deafness, when it occurs before language and speech are acquired, is more than simply not being able to hear. It can be a barrier to communication, isolating a person from the surrounding world. Most deaf children are born to hearing parents who often see their parenting role with an overwhelming sense of inadequacy.

Providing supportive programs and services for these parents is an integral part of the **Lexington School for the Deaf** in New York City, a multi-faceted agency serving 425 hearing impaired children from birth to 21 and their families. Parent programs at Lexington sensitively address the stages of anger, grief, mourning, and denial that parents experience over their children's newly diagnosed deafness. School-related activities also help hearing parents learn about the deaf community which their child will likely join, a culture that has a language (American Sign), social clubs, newspapers, colleges, folklore, and customs that parallel those of ethnic minority groups.

Photo: Lexington School for the Deaf

Infant Center staff see babies up to age three, and primarily assist parents through diagnosis and adjustment, helping them gain information, skills, and emotional strength to nurture their hearing impaired infant. Activities include individual infant/parent sessions, group parent meetings on coping and language/communication, play groups, and family socials.

The preschool parent program fosters a "parent as parent, parent as teacher" model. Parents participate in monthly visitation day in their child's classroom, meetings on deafness and child development, family counseling, mothers' and fathers' counseling groups, and library and telecommunications loaner programs.

Learning to read, and then reading to learn, is important to all children, but especially for the elementary school-age deaf child. Most deaf children need a great deal of help from their parents with this challenge, and the school offers continual support and encouragement to parents.

The deaf adolescent from a hearing family must integrate as role models both his/her parents as well as deaf adults. Parents are acquainted with adult deaf role models, community and governmental agencies working with deaf adults, and are also helped to understand the implications of deafness on adolescent development.

Traditional parent programs have three major goals: participation, education, and training. Lexington has also developed parent programs which serve the wide spectrum of ethnic and culturally diverse families in the student body. The Hispanic Resource Team and the Black Deaf Children/Families Project focus on the bi-lingual, bi-cultural needs of students and their families.

Lexington School is a community of learners that includes the families of its students. An active, creative parent education program educates, enables, and empowers parents to accept their deaf children and to advocate for their optimal development.

Contact: Jean Steins, Parent Educator, or Oscar Cohen, Superintendent, at the Lexington School for the Deaf, 30th Avenue and 75th Street, Jackson Heights, NY 11370, 718/899-8800 or 3030 (TTY). ▶FRC

● The **Family Exchange Center** (FEC), located in a large neighborhood public school owned by Variety Pre-Schooler's Workshop (VPSW), offers a nontraditional approach of help to families of children 0-16 in special education classes or with special needs.

The Center provides respite, recreation, information, counseling, and mutual aid. Parents share responsibility with the professional staff, identifying their own needs and program preferences. Together they develop, provide, and monitor services. The FEC system of support is different from conventional professional offerings because it views parents as collaborators and members rather than as patients or clients.

Established in 1983, the FEC rationale emerged from experience with families in the VPSW, a special education program for very young children with learning, language, and behavior problems started in 1966. Although early intervention gave the children the education they needed, it did not address the plight of their parents whose well-being affected the outcome for their handicapped youngsters. With rare exception, developmentally disabled children are born into families who can not be expected to have the specialized knowledge, skills, or support systems to deal with their child's special needs, nor the community resources most other families take for granted. Despite stress and the difficulties involved in developing good parenting skills, most families do not seek professional counseling.

These observations prompted the organization of a new model of service. The FEC, with its combination of traditional counseling, programs to meet articulated parental needs, and mutual aid network, put a competence-enhancing community resource in place.

From a practical point of view, FEC is a place with year-round afterschool, afternoon, and Sunday programs which include recreational, spectator, and social activities for the entire family, each of its members, or children only. Parents select and fit their family needs into a menu of services and activities provided by the Center and its staff. Annual evaluations examine parental satisfaction, identifying changing needs, priorities, and preferences.

FEC builds programs based on the following assumptions: Parents are the most indispensable family program planners; like all families, those with disabled children differ greatly in their personal adjustment, functioning, and nurturing capabilities; periodic family dysfunction and parental confusion and anxiety can be normal reactions to child care burdens.

The FEC answers the commonly stated parental need for respite, information, comfort, and consolation. It creates an informal social network, and provides opportunities for family members to simply enjoy one another's company and to make new friends. An expanded dialogue between the staff and parents often prompts troubled but hesitant parents to seek appropriate professional services.

These respite programs give parents relief from child care. The children benefit from both mainstreamed programs shared with their siblings and the children of staff members. The community also benefits, from cost-effective prevention and families who balance self-reliance with community resources.

Contact: Judith Bloch, Executive Director, Variety Pre-Schooler's Workshop, 47 Humphrey Drive, Syosset, NY 11791, 516/921-7171. ▶FRC

Photo: Family Consortium Project

● In the past, large segregated institutions were the main form of residential care for Ohioans with developmentally disabling conditions. Eventually, a variety of community-based group and cluster-care programs emerged, but none of these options necessarily included the most fundamental part of the individual's lives — the involvement with their already established informal system of family members and friends.

Ohio's pilot **Family Consortium Program** (FCP), unique in the nation, is a family-developed, family-centered, and family-driven program model. It not only assumes family/friends' involvement is important — it is dependent upon them. The family/friends form a consortium which serves as the administrative body that manages certified homes in which people with developmentally disabling conditions reside. The residents, along with the consortium members, choose their new home and the people who will become their roommates. A maximum of three can live in a home; the amount of staff support is determined in the Consortium's budget which is based on their needs.

Consortium members — families as well as residents, when appropriate — are responsible for selecting and carrying out personnel functions and overseeing programming of the homes. The state funds supporting this project reimburse the consortium for the direct services of the staff. Other operating costs are absorbed by the consortium and could include buying/leasing/renting a home, purchasing insurance, food, furnishings, etc.

Current participants range from age 8 to 43 and involve a variety of capabilities. Three of the four homes in the pilot project house adult women; the fourth is a residence for children with multiple handicapping conditions.

This alternative is not meant to meet everyone's needs. It is particularly for families who have the desire to utilize a living situation for their son or daughter that maintains the family as an integral unit while allowing the individual to grow and gain needed autonomy and independence. In order to achieve this, families voluntarily put themselves in the sometimes difficult situation of administering a home, supervising employees, managing state funds, negotiating with other parents, and acting as on-call crisis intervention person.

There isn't anything mystical that drives the parents pioneering this project; however, as one said, "Only a parent who has been haunted by the uncertainty of a special child's future can know the joy of being a part of this program."

Contact: Vicki Grosh, the Ohio Department of Mental Retardation and Developmental Disabilities, 30 E. Broad St., #1201, Columbus, OH 43266-0415, 614/644-7747. ▶ FRC

● Each year, 350,000 premature and critically ill newborns are cared for in Neonatal Intensive Care Units across the United States. As technical support of these infants progresses, routine hospital systems are often inadequate to meet the emotional needs of their parents. Thrust into dramatic medical situations, parents can be easily overwhelmed by shattered expectations, lack of information, and the financial impact of the baby's care. As a result, parent support groups have been formed across the country, growing from 12 in 1979 to 350 currently.

One of these groups is **Parent-to-Parent** (PtP) at Children's Hospital of Orange County which has served parents since 1979. From that time to the present, the goal has been to offer emotional support to new parents and to provide additional resources as needed. PtP has always enjoyed complete support from physicians, nurses, and social workers, and is a vital link in the hospital/medical team.

While health care providers who work with ill newborns and their families offer help and encouragement, no one understands the hardships as well as someone who has experienced them. Direct one-to-one support, therefore, is provided by fifty trained "graduate" parent volunteers who have survived similar life crises. Both in the hospital setting and at home after discharge, support can be continued for as long as needed through telephone and personal contact, with the aim being a healthy baby within a stable, intact family.

A group coordinator is available at the hospital two days per week to meet with staff and administer to the needs of parents. Parent meetings, a newsletter, and library services are also available. Funding is provided by grants and donations.

PtP is part of the local Infant-Parent Support Network of Orange County, and is also a member of the international Parent Care, Inc., organization.

Contact: Linda Scott, P.O. Box 5700, Orange, CA 92667, 714/997-3000, ext. 8521.

● Looking at the current family-centered **Project DAKOTA** (PD), it's important to understand that a complete transformation of service delivery philosophy and practice took place to bring the program to its present state.

PD was funded in 1983 as a demonstration model to provide direct early intervention services to children, birth to four, whose disabilities ranged from mild to severe. In their original school-type model, youngsters with similar disabilities were bussed to segregated, sheltered special education classrooms in large school buildings where staff provided center-based services. Families were required to deal with a constantly changing group of professionals, and staff was troubled by problems with bussing and their inability to break down service delivery to reach into community settings.

Re-examining their goals and mission, their values, resources, and team structure, PD developed a new transdisciplinary team that took a wholistic view of the child. Professionals blended their expertise so that active teaching and learning across disciplines occurred; parents took on a leadership role and became vital members of the team; assessment and planning became collective efforts; and implementation was carried out primarily by one staff person through active consultation with other disciplines.

Services are custom-tailored to the needs of an individual family. Natural settings and community resources are used in programming, including neighborhood playmates, nursery school and tot programs, day care, extended family, and other settings used by non-delayed peers. Three times a year, a team assessment determines the child's progress and what future focus will best enhance overall development. Each team, composed of a teacher, a speech clinician, an occupational therapist, and a half-time paraprofessional, provided services to 25-30 families on a consistent, long-term basis.

DAKOTA is currently moving into yet a further phase of development in turning over its services to local public school systems as they assume responsibility for serving children with special needs from birth. Several DAKOTA publications are available which may be helpful to early intervention programs.

Contact: Linda Kjerland, Director, Project DAKOTA Outreach, 680 O'Neill Dr., Eagan, MN 55121, 612/454-2732.

● The **Family, Infant and Preschool Program** (FIPP) offers home-, center-, and community-based support services to handicapped, disabled, and developmentally at-risk children and their families. Its primary mission is to provide services in ways that strengthen family functioning and enhance the family's ability to raise their child with disabilities at home.

A philosophy known as Proactive Empowerment through Partnerships (PEP) guides FIPP's intervention, research, and training efforts. The PEP philosophy is put into practice in FIPP's intervention services and demonstration and outreach projects which include assessment, planning, and intervention.

Once a year the family meets with a transdisciplinary team of an educator, speech therapist, social worker, psychologist, nurse, staff pediatrician, and physical therapist for an assessment planning session. The family's case coordinator facilitates this session through pre-planning meetings with both the family and the team members, and an individualized family support plan is written as a follow-up. Although one day a year is devoted especially to assessment and planning, modifications are made throughout the year to reflect the family's changing needs, goals, and resources.

In addition to assessing the child's strengths and needs, three aspects of the family are also assessed: the family's needs and goals, its functioning style, and its social support and other resources.

Through clinical experience and research, FIPP has found that interventions are more effective when they address needs identified by the families rather than those identified by the professionals. Families often identify needs that are not directly related to the child (e.g., transportation, employment) but which, if they remain unmet, interfere with their ability to tend to certain child needs. There is a distinction between needs and concerns when assessing families. Concerns are conditions that lead to a recognition that the difference between what is and what ought to be is sufficiently disparate to warrant attention; needs are conditions that lead to a recognition of what resources are needed to reduce this disparity.

In many instances, families do not explicitly specify their needs but rather share their concerns (e.g., worries, interests, and aspirations). Families are helped to "translate" concerns into needs through an assessment of the family's functioning style (intrafamily resources), their social support network, and other extrafamily resources.

In assessing the family's style of functioning, FIPP identifies their strengths and capabilities and how they are used to mobilize resources to meet their needs. Often, families have difficulty stating their strengths, and staff assists in this process by listening and observing.

Photo: Northwest Center Child Development

FIPP also assesses the family's extrafamily resources with special emphasis on their social support network. This process generally starts with the family generating a list of sources of social support, moving from those sources closest to the family (e.g., relations, friends, neighbors, co-workers) onto more formal support systems (e.g., social organizations, professionals). A family-identified need or project is then used to explore how resources existing within the family or their social support network could be used to meet their need. Often this includes consideration of previously untapped resources. The process of assessment, planning, and intervention are interwoven and ongoing.

The goal of the intervention is to support families in ways that enable them to become more competent, independent, and self-sustaining in their abilities to mobilize their social network to get needs met and obtain desired goals. FIPP has found this is the best way to assure that child needs are met.

The process of empowering and strengthening families occurs in every interaction that the professional has with the family. It occurs by seeking and respecting the family's perception of the strengths and needs of the child and the rest of the family, by honoring the needs and goals identified by the family, and by building on the family's strengths and recognizing the family's decision-making role.

In addition to direct services to families, FIPP operates demonstration projects, provides training, and conducts an extensive research program. Feedback from these activities is used to modify and refine service delivery efforts.

Contact: Jean Gowen, Associate Director, Family, Infant and Preschool Program, Western Carolina Center, 300 Enola Rd., Morganton, NC 28655-4608, 704/433-2731. ▶FRC

"The professionals should use their talents and expertise to help the family survive and function, to renew its strength and foster its cohesion. For it will be the family that will provide the long-term help required by the disabled infant. The family's daily decisions, routines, and relationships will translate into the support, the therapy, the special education, the recreational efforts, and all the other aspects of the best possible quality of life for the disabled child."

C. Everett Koop, M.D., Sc.D.
Surgeon General of the United States

● Rarely a day passes without a news item about child care—its scarcity, quality, or affordability for the working family. However, rarely a day passes with any comment about employed parents whose needs for quality child care are compounded by the fact that their children have handicaps.

Though children with disabilities are being provided with child care through a variety of arrangements, one program in Seattle, Washington, serves as a model for child care in a typical early childhood environment.

Since 1980, **Northwest Center Child Development** (NCCD) Program has operated a mainstreamed early childhood program for approximately 125 children and their families. On a daily basis, 90 children, half of whom have handicaps ranging from mild to severe, and half of whom are typically developing, learn and play together. Ranging in age from four months to five years, the children are grouped in "family units" with infants and toddlers to three years being accommodated in smallest groupings, and children who are 3-5 years grouped in slightly larger units.

Comprehensive services at NCCD include special education, early childhood education, pediatric occupational/physical therapies, nutritional counseling, nursing services, family counseling, physician referral, and full day child care. Children with handicaps receive their special education and therapies in the natural environment of the classroom, delivered by the appropriate therapist and educator.

The NCCD philosophy is best described as providing a supportive relationship to parents and accepting their individual parenting styles. All staff members view their respective roles as strengthening the family unit and accommodating the child's unique needs for specialized services with the parent's need for child care. As a result of this program philosophy, staff and children are engaged in experiences that allow for the greatest potential growth of each child.

Though the program was developed with the assistance of a three-year federal grant from the Department of Education, Handicapped Children's Early Education Program, and was initially supported by the funds, the program now sustains itself through ten different funding sources, including parent tuition for child care and state funds for children with disabilities.

Recent legislation, designated P.L. 99-457, mandates states to provide coordinated services to children with special needs by 1990. The intent of the law includes provision of those services to children with special needs along with children who are typically developing.

If a program's success can be measured by its waiting list and community reputation, then Northwest Center has been successful in showing that mainstreaming and child care can play complementary roles and meet the demand for quality child care for all children.

Contact: Linda Gil, Program Director, Northwest Center Child Development Program, 2919 First Avenue West, Seattle, WA 98119, 206/286-2322. ▶FRC

***Editor's Note:** There are outstanding resources of all kinds to assist families and professionals as they care for children with special needs. The following are just a few examples.*

National Organizations

The Council for Exceptional Children

1920 Association Drive, Reston, VA 22091-1589
703/620-3660

CEC is a membership organization for special education professionals who serve special needs children in almost 1,000 local chapters, student associations, federations, and special education divisions. Members benefit from periodicals, special ERIC and CEC information services, conferences, and conventions. Catalog of professional products and services available.

National Maternal and Child Health Resource Center

College of Law Building, University of Iowa,
Iowa City, IA 52252, 319/335-9046

The Center promotes the expansion and improvement of maternal and child health services including services for children with special health care needs. Center activities include provision of technical assistance, development of training materials, and information dissemination. Their block grant also has seed money for Special Projects of Regional and National Significance (SPRANS grants) such as demonstration projects, training programs, genetic disease and hemophilia programs.

March of Dimes Birth Defects Foundation

1275 Mamaroneck Avenue, White Plains, NY 10605,
914/428-7100

The March of Dimes' prevention focus is on the more than 3,000 conditions collectively termed birth defects and their causes — whether that be genetic, behavioral, or environmental. Through their volunteers and programs in more than 250 chapters nationwide, MD promotes healthy pregnancy and birth through research, medical services, and education. Catalog of Public Health Education Materials includes publications, educational kits, and audiovisuals for students, adults of childbearing age, and pregnant women. Instructive fact sheets available. Contact local March of Dimes chapter.

Association for the Care of Children's Health

3615 Wisconsin Ave., NW, Washington, DC 20016,
202/244-1801

ACCH is an international membership organization of health professionals and parents that promotes the well-being of children and their families in all health care settings. ACCH develops publications and media, and provides consultation services to help implement a family-centered approach to care. Informative publications: *Family-Centered Care for Children with Special Health Care Needs; Parent Resource Directory; Guidelines for Developing Community Networks;* the *ACCH Network Newsletter,* and a variety of parent-focused pamphlets. Audio visual materials include: *Seasons of Caring* and the newly issued *Family-Centered Care.*

Sibling Information Network

Connecticut's University Affiliated Program on
Disabilities, 991 Main St., Suite 3A, East Hartford,
CT 06108 . 203/282-7050

Clearinghouse of information, ideas, projects, literature, and research regarding siblings and other issues related to the needs of families of persons with disabilities. SIN is a membership organization whose major activity is a quarterly newsletter. Articles and information deal with sibling issues that are written by and directed to family members and the professionals who work with families. Their new publication, *Kaleidoscope,* is aimed specifically at family members and explores a variety of issues across the life span of families who have members with disabilities.

The National Information Center for Handicapped Children and Youth

Box 1492, Washington, DC 20013, 703/893-6061

NICHCY is a free information service that assists parents, educators, caregivers, etc., on a broad range of topics concerning needs of children and youth with handicaps. Specializing in areas of education, they also make referrals to organizations and resources available at local, state, or national level. Strong emphasis on parent groups, networks, and connections. NICHCY publishes educational fact sheets on specific disabilities, a newsletter, and articles on current research and practices. They also offer technical assistance to parent and professional groups, and recruitment materials that encourage career involvement in fields of special education.

The Center on Human Policy

Syracuse University, 724 Comstock Ave.,
Syracuse, NY 13244-4230, 315/423-3851

Through its Community Integration Project and Research and Training Center on Community Integration, CHP has developed a variety of reports (available at minimal cost) and resources focused on integrating people with severe disabilities into community life, and dealing with services and supports to children and families. Write for full list of publications.

Mental Health Law Project

El Advocacy Program, 2021 L St., NW
#800, Washington, DC 20036, 202/467-5730

A national public-interest organization promoting broader availability of comprehensive early intervention programs for infants and toddlers. MHLP has worked with parents and providers in one state to organize an advocacy coalition, and currently coordinates an advocacy network to get statewide, family-centered, interdisciplinary EI systems in place to benefit from Title I of P.L. 99-457 funding.

Federation for Children with Special Needs

312 Stuart St., Boston, MA 02116, 617/482-2915

A coalition of parent groups representing children with a variety of disabilities, the Federation operates and coordinates information, advocacy, and training entities. Their TAPP project funnels technical assistance to parent centers nationwide through four regional centers which, in turn, help parents to participate more effectively with professionals in meeting the education needs of their handicapped children. The Federation's CAPP project encourages parent involvement in the health care of their children, and promotes parent/health professional partnerships, a system of information access, and peer support. Publications list available; brochure regarding other activities.

The Association for Retarded Citizens

2501 Avenue J, Arlington, TX 76006
817/640-0204

A thirty-three year-old volunteer organization that works to improve the quality of life for all persons with mental retardation. The ARC goals are based on research, employment training, family support, prevention, advocacy, information and community services, and programs of public education on all aspects of mental retardation. Publication list available.

The National Information System for Health Related Services

University of South Carolina, 1244 Blossom St.,
Columbia, SC 29208, 803/777-4435 or
1-800-922-9234

NIS operates a computerized, toll-free information system on tertiary or specialized services available for children with developmental disabilities or chronic illnesses, and for infants with life-threatening conditions. Currently serving all 50 states, trained counselors work with each caller to provide appropriate local referrals for medical, educational, and health-related services, plus contacts for parent support groups and parent training centers. There are also key agency listings by state on vocational rehabilitation, adoption, disabled child protection, and hospitals with neo-natal, cancer, and cardiac specialties.

National Lekotek Center

2100 Ridge Ave., Evanston, IL 60204, 312/328-0001

Lekotek is a worldwide system of learning and resource centers for children who have handicaps or special needs and their families. Based on play techniques that affect a child's learning capacity, both conventional and specially adapted toys are used to meet the developmental level of the child, and become the tools for growth. Trained Lekotek leaders model and demonstrate new play strategies to parents and children in monthly meetings; appropriate toys are selected and loaned to the family for reinforcement at home. Lekotek's Compuplay Center serves children who have physical, mental, behavioral, sensory, or emotional disabilities. Special software and adaptive equipment enable these children to create, explore, make decisions, play, and communicate using computers. In-service training for professionals is also available. Helpful publications: *A Guide to Toys that Develop Skills,* and *Planning Books for Making Adapted Toys for Children, Especially Those with Handicaps.*

The Kids on the Block, Inc.
9385-C Gerwig Lane, Columbia, MD 21046,
1-800-368-KIDS or 301/290-9095

This educational company sells an innovative puppet program used to dispel myths and misconceptions children and adults have about disabilities, to further appreciation for people's differences, and to open communication and understanding about sensitive social issues such as teenage pregnancy prevention, drug abuse, peer pressure, AIDS, and divorce. K on the B was developed to help non-disabled children deal with handicapped children being mainstreamed into regular classrooms. A further application of the puppets and their more than 24 topics have been developed into scripted programs, used internationally by rehabilitation centers, hospitals, school districts, and community service groups.

Clearinghouse on the Handicapped
U.S. Dept. of Education, Office of Special Education and Rehabilitative Services, Room 3132, Switzer Building, Washington, DC 20202.
202/732-1244

Responds to information inquiries, especially in the areas of Federal funding for programs serving disabled people, Federal legislation affecting the handicapped community, and Federal programs for the disabled. Send for their publications list that includes a Pocket Guide to Federal Help for Individuals with Disabilities, and the OSERS newsletter. Also available from the Government Printing Office: Directory of National Information Sources on Handicapping Conditions and Related Services.

Parent Care, Inc.
101½ S. Union St., Alexandria, VA 22314
703/836-4678

An international, nonprofit volunteer organization composed of professionals and parents dedicated to improving the newborn intensive care experience for babies, families, and professional caregivers. PC serves as an educational forum through conferences and seminars, a quarterly newsletter, and as a computerized referral source for parents and health care professionals.

Publications & Audio Visuals

Enabling and Empowering Families: Principles and Guidelines for Practice by Carl Dunst, Carol Trivette, and Angela Deal, (Brookline Books, 1988, 219 pp., $22.95 hardcover)
Recent Federal legislation (P.L. 99-457) requires that early intervention programs use a family systems model. This book was specifically written for early intervention practitioners who are being asked to take on expanded roles in their work with handicapped and at-risk children and their families, but who have not had extensive training in family systems assessment and intervention procedures. A blend of theory and practice, the book proposes tested principles and operating guidelines to enable professionals to help families identify their needs, locate the formal and informal resources and supports to meet them, and develop decision-making and problem-solving abilities to access resources. The focus is on building the family's capabilities to cope more effectively on its own.

In Time and With Love: Caring for the Special Needs Baby by Marilyn Segal (Newmarket Press, 1988, 192 pp., $21.95, hardcover & $12.95 paperback)
This book was written for parents whose baby is handicapped, developmentally delayed, or constitutionally difficult. Material was drawn from the experience and expertise of 24 families with special needs babies who participated in an interview study at Nova University's Family Center. Helping parents understand and deal with their feelings, this guidebook also provides accurate parenting information and practical suggestions. Above all, it presents an honest picture of what it's like to live with a problem baby. The well-known author is a developmental psychologist specializing in early childhood who is also the parent of a handicapped child.

Respite Care: Principles, Programs and Policies by Shirley Cohen and Rachel D. Warren, (Pro-Ed, 1985, 228 pp., paperback)
The purpose of this book is to help families of the severely disabled by presenting the case for respite care, and to mobilize the people who can take action to expand the scope of such services. Written for professionals in developmental disabilities as well as newcomers to the field, and those who are interested in family support. Among many helpful overview and practical chapters, the appendix is essentially a step-by-step procedural guide for establishing respite care programs.

Parenting Your Premature Baby Series
Valencia Community College, P.O. Box 3028, Orlando,FL 32802, 305/299-5000
A series of fifteen four-page newsletters aimed at reassuring parents about daily life with a high-risk child. Each issue contains articles on parenting, a medical problem common to preemies, a reading list, child development information, and a list of resources. Can be purchased as an individual series at $20, or in bulk orders. Write for complementary copy.

The Exceptional Parent, 605 Commonwealth Ave., Boston, MA 02215, 617/536-8961
Published eight times yearly, EP magazine is a practical guide and product information source for parents of disabled children. Feature articles, editorials, book reviews, and a family life section appear regularly. A recent issue included material on how supported employment works, why persons with disabilities can and should work at real jobs, ways in which professionals undervalue parents' knowledge, and toy ideas for younger children. Their book, *The Disabled Child and the Family: An Exceptional Parent Reader*, is a compilation of outstanding articles (softcover).

Coordinating Council for Handicapped Children 20 E. Jackson Blvd., #900, Chicago, IL 60604, 312/939-3513
A coalition of parent and professional organizations that informs and activates parents regarding the special education rights of their children with handicaps. Publications: *How to Organize an Effective Parent/Advocacy Group and Move Bureaucracies; How to Get Services by Being Assertive;* pamphlets and fact sheets on special education rights, tax benefits, and specialized services.

Young Adult Institute, 460 W. 34th St., New York, NY 10001, 212/563-7474
Children with Special Needs is a training system providing information and support for families and professionals. There are six half-hour tapes for each of the following topics: Parent Issues, Family Issues, Therapeutic Issues, Developmental Milestones, Transitional Issues, and Professional Issues. Guest interviews are used in a format that also includes personal vignettes. Accompanying guide provides additional activities and resources. ½" or ¾" tapes: $45 each/rental, $75 each/purchase and shipping. Brochure available.

On Becoming a Special Parent — A Mini Support Group in a Book by Marcia Routberg (Parent/Professional Publications, P.O. Box 59730, Chicago, IL 60645, 1986, 131 pp., $7 paperback)
The author developed this handbook of practical how-tos, hints, and advice based on her own needs as parent of a child with cerebral palsy. Her suggestions cover emotional issues, as well as guidance through the maze of special education and therapy, dealing with medical people and hospitals. The book includes a special needs glossary, and could be helpful to professionals in gaining insight to special needs families.

Ways (First Publications, Inc., P.O. Box 5072, Evanston, IL 60204)
A magazine published quarterly, Ways deals with issues of mental disability with a long-term focus on integrating special needs people into the community. Recent issues included articles on supported employment, accessing information sources, a guide to psychiatric medication, self-sufficiency trusts, a Q and A page, and book reviews. Both parents and professionals can benefit from broad-ranging variety of material.

Alternatives, A Family Guide to Legal and Financial Planning for the Disabled (First Publications, Inc., P.O. Box 5072, Evanston, IL 60204, 1983, 194 pp., $18.95 ppd. paperback)
Chapters on wills, guardianship, trusts, government benefits, taxes, and insurance comprehensively cover and explain complex legal and government requirements for families as they study the options and make plans for the future.

Message from FRC's President

by Bernice Weissbourd

There is much to learn from this issue of the FRC Report. In its pages we are privileged to share feelings poignantly expressed by parents of special needs children. We hear the discerning questions of professionals. We note the gaps that exist when the professionals' focus on the child limits his/her understanding of the parent. We think in broader dimensions about the power of unconditional love between parent and child. We are reinforced in our knowledge of the effect of community attitudes on families' lives. Throughout, we have a vague but pervasive feeling that perhaps we have never fully understood either the anguish or the strength of the mother and father and siblings who comprise the family of special needs children.

The stories of special needs families in this Report underscore what is common to all families—the child's need to be cared for, the parents' requirements for acceptance, information and social support, the vulnerability of families in the face of pain and disappointment, and the unknown and unexpected resources they can muster to deal with crisis. We are reminded of the barriers society puts in their path.

The Report leads us to think of the special values cherished by those in the family resource movement. We speak of them often. They include caring for others and recognizing our interdependence, a concern for the well-being of all families, and a commitment to ensuring all children get the kind of start that will maximize their potential from birth. We function on the premise that parents' self-esteem largely determines their ability to encourage a good sense of self in children. We believe that children cannot be seen as separate and distinct from the family, nor the family as separate and distinct from the community in which it lives. And we translate these beliefs to meet the needs of individual families in their particular culture.

As we read this Report, our particular role emerges in clear outline. It is to assure that families of children with disabilities have the opportunity to develop the relationships that all families need in order to thrive, relationships that provide both emotional and concrete support. It is to assure that communities and professionals care about special needs families, and build on their strengths. It is to use our talents and experience to assist families to provide the best possible quality of life for their children with disabilities. It is to act as advocates in a community to assure that special needs families do not feel isolated or rejected, but are an integral part of an environment that enhances their capacities to raise their children as they see fit.

I think this Family Resource Coalition Report is not only informative, it is inspiring. It vividly reveals that as we shape our responses to special needs families, we inevitably build better communities, and as we integrate special needs families into our programs we enrich the lives of all families.

Acknowledgement: This FRC Report is a significant departure in format and focus—it is four pages longer than usual and carries a single theme. We have been privileged to draw on the expertise of member/specialists in the field of special needs families, and want to thank Linda Gilkerson, Vicki Grosh, Elizabeth Jeppson, and Eleanor Szanton for their guidance and involvement.

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FRC REPORT
Design, JANE BROWN
Typography, KARR CREATIVE SERVICES
Printing, BOOKLET PUBLISHING CO., INC.

The FRC ***Report*** is published three times a year in the public interest by the Family Resource Coalition, a tax exempt, nonprofit organization. Membership in the Coalition includes a subscription to the FRC ***Report.*** Readers are encouraged to copy and share its content; we request you credit the Family Resource Coalition as the original source of information.

Founded by Family Focus

Family Resource Coalition Report

Volume 7, Number 3 — 1988

Building Support and Resources for the Family

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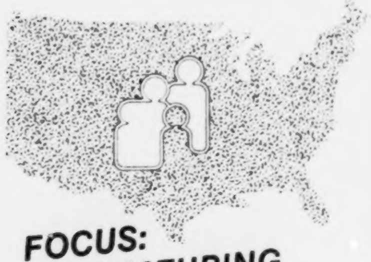

FOCUS: THE MATURING FAMILY SUPPORT MOVEMENT

The Secret Is Out: Parents Have Power

"Now let's take a look at the future. Even as it grows daily, our family resource movement continues to be one of the country's best kept secrets." Those were the words of Professor Edward Zigler as he addressed the Family Resource Coalition's first national conference in 1986.

"We must work closely with the media," he continued, "in educating the public about the magnitude, significance, and overall promise of this movement."

We heeded his message. The Coalition's second national conference in Chicago, October 6-9, drew extensive media coverage and served as a powerful means of public education. Several national broadcast and print media representatives covered the entire conference and then carried the "good news" about the family support movement into the homes and hearts of people across the nation.

The country's best kept secret is out. More than 1,300 people, representing 47 states and 4 foreign countries came together to affirm that fact, to validate one another, and to celebrate.

The conference keynote speakers delivered inspiring and thought provoking messages. William Julius Wilson, author of *The Truly Disadvantaged,* movingly addressed the issues of social isolation and economic deprivation facing families in inner city neighborhoods.

Dr. Berry Brazelton urged us to channel our energy as advocates, articulating the fact that the United States is the "last civilized nation, other than South Africa, that is not dealing with the problems facing its families."

Our power as parents was eloquently characterized by Anna Quindlen, NY Times syndicated columnist, who spoke about the effect parents have on children: "Ours is not the only influence, but it is the earliest, the most ubiquitous, and potentially the most pernicious. We are the only parents they will have."

As parents are a core ingredient of families, it was appropriate that they were a central focus of our conference in two special areas. First, the Coalition commissioned the Gallup Organization to survey parents across the nation about their attitudes and feelings. Results released during several press conferences revealed that more than 90 percent believed there should be more tolerance for the diversity and changing face of the nation's families; 80 percent felt the quality of life for parents and families has deteriorated in the past ten years; and 80 percent were willing to pay higher taxes to support programs that would address family concerns.

Second, the FRC proudly announced the kick-off of its new division, PARENT ACTION, a national advocacy voice for parents. The conference welcomed 500 charter members into PARENT ACTION and unveiled the Coalition's commitment to work with the nation's civic and corporate leaders at state and national levels.

The conference previewed the future of the family support movement in America. We are building a supportive network of practitioners, program providers, friends, and family advocates within each of our nation's states, and internationally as well. This harmonious network is made up of local leaders and people within communities whose priorities and creative solutions to problems are determined by the realities of their daily environments.

The Family Resource Coalition amplifies and nurtures this network. As your national voice, we are challenged to hear the individual notes being played and to respond to local programs and individual states as they look to us for help and guidance. We must hear the discordant notes, too, and work for greater balance on family issues in public policy and in the corporate and private sectors.

For now, we invite you to reflect with us on the beautiful symphony created during the conference. It represents the artistry of thousands of people involved in the family support movement, working together to help millions of families in America and yes, around the world as well.

Gail C. Christopher

Gail C. Christopher
Executive Director

THE MATURING FAMILY SUPPORT MOVEMENT: *SHAPING PRACTICE AND POLICY FOR THE '90s*

by Bernice Weissbourd

Excerpts from the speech delivered to the Family Resource Coalition's national conference, October 1988

> ***Awareness has changed so that every act for children, every piece of legislation recognizes that children are part of families and that it is within families that children grow and thrive— or don't.***

We are all together here because we care about families. In fact, this is a very special type of family reunion. During the next few days, we will catch up on news of family members, we will strengthen old ties and make new bonds. Some of us will drag out the family album and marvel over how we've all changed. A few snapshots of Breadwinner Bob and Homemaker Alice and their two children remain, but the album is crammed with new photos... pictures of Janet and Marshall, divorced, but sharing custody of their two sons; Allen, who is raising his daughter alone; Karen, whose three children see their father only at Christmas; Jane, a single woman with an adopted daughter, and Diane who accidentally became pregnant and decided to raise her son alone. And there's a new American portrait of the "blended" family with six-year-old Andrew, his two parents, his two stepparents, four sets of grandparents, his sister, two stepbrothers, and an older stepsister, Tina, who just had a baby.

The excitement generated by our reunion weekend is special. To paraphrase Ann Richardson's keynote address at the Democratic Convention, "We have been discovered!" Family issues are being addressed by both presidential candidates, by lawmakers, by the national media. Children are "in," families are "in," family values are "in." So, we better watch "out!"

Of course, we should all be delighted that family issues have been given such a high priority on everyone's agenda. Indeed, a close look at the combined speeches of all this year's pre-primary candidates might convince us that we are living in the era of "family values." However, as with any issue that becomes suddenly fashionable, we must temper our excitement over "family values" with realistic caution.

We have fought too much rhetoric and red tape to be lulled and comforted by a paid political advertisement showing a candidate tossing his grandchild in the air while a disembodied voice espouses "family values" in the background.

We have seen too much funding disappear and too many vital programs vanish. We have worked too hard to keep essential services in our communities to allow ourselves to form easy alliances with those who say they know "exactly how we feel."

We know too many individuals broken by a public assistance system to accept facile solutions from those who have never waited in any lines.

In a recent New York Times article, Senator Daniel Moynihan gave us some statistics: "At any given moment, about one child in four is born poor. Over time, upward of one in three will be on welfare at some point. One in two will live in a single-parent, female-headed household." These figures don't surprise us, but they should still anger us, sadden us, and shame us. We are the first nation in history in which children are the poorest group.

In a short time the election will be over, the political advertisements and television commercials will vanish. But these children will not. And we will have to work very hard to avoid entering the "post-family values" era. We can do that by working with and within families, teaching the world what family values meant before being reduced to a campaign phrase.

And we are the ones to do that job because through the Family Resource Coalition we have made a difference.

There is acceptance and recognition now that the focus of services to children and families should be on prevention, that using our talents to meet a crisis is not enough. The figures of cost-effectiveness — that every $1 invested in early childhood education saves $4 in later costs for special education, grade retention, and reinstating school drop-outs; that pre-natal care cost $1500 while low birth weight babies cost $1000 per day — are seen on newspaper front pages all across the country. We are effecting change in the approach to human services so that state child welfare systems and public school systems are re-orienting their focus to prevention and the early years. We should be proud.

We have made a difference.

Few proclaim to be "child-savers" any longer. Awareness has changed so that every act for children, every piece of legislation recognizes that children are part of families and that it is within families that children grow and thrive — or don't.

We have made a difference.

The cliche about pulling oneself up by one's bootstraps has taken its rightful place among the myths of our day. Mothers and fathers are usually the persons who best and most naturally can embody commitment to a particular child, especially in the first years of life, but they cannot do it alone. Parents need all the help they can get. The strongest as well as the most fragile family requires a vital network of social supports.

The traditional role of the state has been to regard the family as a private unit and to become involved in family life only when certain urgent problems are brought to its attention. Today the state is assuming a new role, that of supporting and strengthening all families.

We have made a difference.

We have developed programs from coast to coast that work, that support families to make better lives for themselves and prompt parents to say they couldn't have made it without us.

We have made a difference.

Parenthood has regained its status, and the importance of being a parent has regained its value. The function of parents who hold the destiny of the next generation in their hands can no longer be underestimated.

And we have made a difference in other ways — by heralding a sense of community because it's not only that a child is inseparable from the family in which he lives, but that the lives of families are determined by the community in which they live and the cultural tradition from which they come.

And we have made a difference because, having sounded the alarm about growing inequities of our society, we are paying attention to programs in low income communities.

And we have made a difference because we stressed public education on policy issues and have supported legislation on day care and parental leave. We have worked interdependently with others on these issues, and know that building coalitions strengthens us.

I am not naive enough to think that what I have spoken about is already accomplished. We have not yet re-organized all our systems of human services to focus on prevention. There are still people who believe that family privacy is threatened by family support, who fear public intrusion into family matters and mistake interdependence for interference.

Our governments — federal, state and local — have not seen funding for family support programs (or day care) as a high priority. Corporations, with a few exceptions, have not adjusted their policies or programs to meet the family needs of their employees. Many child care workers' salaries still remain at the level of parking lot attendants and zookeepers.

But we have come a long way, and we're on the move; we have momentum and are challenged by the tasks ahead. It is a time when our issues are on the tip of everyone's tongue and we must use the moment wisely.

> ***We are going to take the concept of deficit-oriented prevention one step further to that of well-being, which means providing an environment that promotes the optimal development of children and meets their essential needs through support of the family and maintenance of a viable community.***

So, where are we heading?

First, we are going to take the concept of deficit-oriented prevention one step further, to that of well-being which means providing an environment that promotes the optimal development of children and meets their essential needs through support of the family and maintenance of a viable community. Since we cannot predict who might experience problems as they grow, everyone becomes the target population—regardless of race, economic status, ethnicity, ability, or disability. A belief in well-being makes claims on the society to assure a base-line of good beginnings for all children because it is their right, not just because problems are prevented or a right start is cost effective.

Second, we are going to work with state departments of human services. Assuming that states believe as we do that families have primary responsibility for the child, they have a compelling interest in helping families function better, particularly in the early childrearing years. This implies universal services beginning with the availability of a family resource program in every community, just like parks, libraries, and hospitals.

Third, we are going to work with child care centers to help them become family-centered. From fifteen years' history of family resource programs and a 25 year history of Head Start and parent-child centers, we can bring important experience to bear on the child care system. Child care centers should be places where parents and program providers share their expertise for the benefit of the children.

Fourth, because family support programs are growing and changing, it is essential to safeguard their quality. There is immediate need to train and re-train staff, to provide well-defined in-service support, and to develop quality pre-service education that will provide personnel for the field. Family support practitioners have come from diverse fields in education, psychology, health, and social work. Trying to determine what the new family practitioner entering the field will need to know is a challenge.

Fifth, we will be encouraging legislation to support the expansion of family resource programs across the nation, to support research on program effectiveness, and to assemble a comprehensive national data base on family resource programs.

Sixth, since their inception, family support programs have focused primarily on families who have young children. However, the need for family support does not end when children reach puberty, nor does the need exist solely in families where there are children. Growing momentum for intergenerational support across the life cycle is appropriate. Still in its formative stages, this commitment marks a broadening, a natural outgrowth of the principles of family support.

The next item has a star rather than a number. It's the realization of a dream. When the Family Resource Coalition was first organized, one of our goals was "to empower parents to speak out on their own behalf." Tomorrow will be the official announcement of PARENT ACTION, established as a division of the Family Resource Coalition, extending our sphere of influence to a Washington office. Through PARENT ACTION, thousands of parents can unify their voices, and they *will* be heard.

PARENT ACTION will be spear-headed by three honorary co-chairmen: Dr. T. Berry Brazelton, a pediatrician you all know and wish was taking care of your children; Susan DeConcini, wife of Senator DeConcini of Arizona and founder of the Senate daycare center; and Stevie Wonder, musician, recording artist, and father of three.

Finally, we will strengthen our public education efforts, and we will build on the information in our Gallup Poll.

So, we have made a difference and have a bright and challenging future. Our work is cut out for us. We can be proud, but we cannot be satisfied. Our programs have proven themselves essential to the families and to the communities they serve.

We need to be able to use the tools and resources of government to empower our programs, to dignify our families, to give support to our family care centers, to guarantee quality health care, to help us insure that everyone, from birth, has an equal chance at a quality life. We know there are programs that work. It is time to make sure those programs thrive and multiply, and to support the research which will inform their development.

So, we reiterate our values.

We believe that we cannot exist each unto ourselves, that commitment and a sense of obligation to the welfare of others, to the community, and to the nation are ingredients of being human.

We believe that our obligation as members of the community and nation include caring about the next generation. If we care about our own children, we need to care about *all* children because all will be citizens of this country.

We believe that parents want to be good parents. When a child is born, each new mother and father begin their most important life's work, and it is our job to ensure those parents have the concrete and emotional support to be the best parents they can be.

Our values are not old and worn out truths. They are the foundation on which we build. They are what enable us to come together here, as a family within a family, without losing any of our individual spirit, our private integrity. And these values are what we must share by word and deed with our country's leaders. They are now speaking our language. Let us help them define the terms.

In establishing links with institutions, in embracing support across the life span, and in conceptualizing short and long-term training, the family support movement is moving beyond its original programmatic vision. Family support is becoming a leading-edge social movement, having impact far beyond the programs it encompasses. Perhaps not fully prepared or fully understanding the significance of its role, it is reshaping the dialogue around how human services can best be rendered and adding another dimension to the dialogue. Family support may well help to redefine governmental support in a way that extends services to all, not only the most in need. There can be no doubt that family support efforts will help redefine America's notions of independence and interdependence, as well as its vision of social responsibility for children and families.

Bernice Weissbourd is president and founder of Family Focus, a not-for-profit organization providing programs for prospective parents and parents with children through age three. She is a contributing editor for Parents *magazine, co-author of* Creating Drop-in Centers *(1979),* Infants: Their Social Environments *(1981), and* America's Family Support Programs *(1987), and writes journal articles and book chapters on early childhood and the family support movement. Bernice serves on numerous national boards including the National Center for Clinical Infant Programs, Child Care Action Campaign, and the Mental Health Law Project. She is currently president of the American Orthopsychiatric Association, former vice-president of the National Association for the Education of Young Children, and was appointed by Congress to the recently formed National Committee on Children. She was an honorary Commissioner to International Year of the Child, and has received numerous awards from professional and child advocacy groups.*

Bernice is founder and president of the Family Resource Coalition.

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Child Abuse Prevention: A Challenge for Family Support Programs

by Deborah Daro

Every year over two million children are reported victims of child abuse and neglect. For many of them, the physical and emotional injuries resulting from these behaviors will seriously impede their normal development. While a child's initial years should be a time to establish trusting relationships in the context of a supportive family, the victims of maltreatment often find little comfort in what society has identified as their primary caretaker institution.

The underlying causes of maltreatment are complex and not easily remediated. In some instances, the difficulties may lie in a parent's lack of knowledge regarding child development or basic child care techniques. In other instances, parents may lack the emotional capacity to differentiate between their own needs and those of their children. Other cases result from otherwise well-meaning parents being overwhelmed by the stress of poverty and the limited options it affords its victims. In still other families, the cause of maltreatment lies in a combination of all these factors.

Even thoughtful, comprehensive services designed to reduce the likelihood of future maltreatment succeed with only one-third of those families who have established serious and chronic maltreatment patterns. While no one would seriously argue that it's too late to offer help to these families, the problem of significantly reducing the scope of our nation's child abuse requires offering assistance to families before maltreatment begins. It is in this battle—that of child abuse prevention—where family focused intervention faces one of its most important challenges.

In October 1985, the National Committee for Prevention of Child Abuse (NCPCA) adopted a plan to reduce child abuse by 20 percent in 1990. The elements of this plan include making the public fully aware of the problem of child abuse; involving the public fully in efforts to prevent child abuse; creating an environment less conducive to maltreatment; improving the field's knowledge about cost-effective methods of preventing child abuse; and ensuring the availability of key prevention services in every community across the country.

Family Resource Coalition members have played and must continue to play a major role in realizing each of these objectives. The community-based structure of FRC programs creates an environment in which friends and neighbors can share collective responsibility for the well-being of children. Without first having to identify themselves as being inadequate in some way, families can have access to the education and support they need to safely rear their children.

While FRC members offer excellent opportunities to raise awareness of the problem and to involve the public in preventing child abuse, their strongest contribution lies in the nature of the prevention services they provide. Much of what we know about the individual causes of child maltreatment suggests that direct interventions with parents, preferably as close to the birth of their first child as possible, are excellent strategies for reducing levels of physical abuse, neglect, and emotional maltreatment. Programs that can offer information and education in specific parenting skills such as basic child care and infant stimulation, child development and discipline, and provide access to local support services and linkages to other new parents address a number of the barriers that stand between parents with good intentions and parents who are effective.

What does the empirical evidence say about the ability of these programs to strengthen parents and reduce the likelihood of abuse and neglect through early intervention? On balance, the evidence is quite promising; both home-based and center-based programs have demonstrated a wide range of positive client outcomes. Specific gains have included improved mother-infant bonding and maternal capacity to respond to the child's emotional needs; demonstrated ability to care for the child's physical and developmental needs; fewer subsequent pregnancies; more consistent use of health care services and job training opportunities; and lower welfare use, higher school completion rates, and higher employment rates.[1]

The latest national incidence study commissioned by the Federal National Center on Child Abuse and Neglect reports the number of child maltreatment victims rose 66 percent between 1980 and 1986, and underscores the need for expanded therapeutic, educational, and support services for families.

Unfortunately, the future expansion of family-based services will occur in a context of limited resources and changing family and social dynamics. Given these parameters, the work of FRC members is even more critical than it has been in the past. Both home visitor programs and center-based education and support groups need to be established, thereby providing a network of services for parents with different personal skills and needs. Local hospitals, school districts, churches, recreational centers, housing associations, day care collectives, and civic organizations must all be engaged in supporting parents—either directly through the development and implementation of specific programs, or indirectly through contributing volunteers or funding existing efforts.

Prevention advocates must also continue taking stock of their progress, noting the number of families they serve and the changes their efforts produce. Improving the effectiveness and efficiency of new parent programs will depend upon those involved having the courage to learn from both their successes and their failures.

Carefully crafted family-based services will not eliminate all child abuse. Child abuse and neglect will continue to exist in our society as long as there are families with fewer personal and environmental resources than they need to adequately raise their children. The implementation of quality parenting programs throughout all communities can make a sizeable dent in those maltreatment episodes that result from a parent's lack of knowledge, skills, or support. Further, their prevention attitude offers the most empirically and theoretically sound approach open to policy-makers and program administrators committed to stopping the hurt before it begins.

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[1] A more comprehensive discussion of these gains can be found in *Intervening with New Parents: An Effective Way to Prevent Child Abuse,* available for $3 from NCPCA.

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The National Committee for the Prevention of Child Abuse is a member of the Family Resource Coalition.

PARENT ACTION

The Voice for America's Parents

by Mary Brandon

"I want to empower young parents to get in there and get what they need," said Dr. T. Berry Brazelton, renowned pediatrician and author speaking at the press conference called to announce the formation of PARENT ACTION. "I want to fight for parent power. We have every sign we need that our culture is in grave danger and it's because we're not paying enough attention to strengthening our families."

Dr. Brazelton is an honorary co-chair of PARENT ACTION, as is Susan De Concini, who spearheaded the successful effort to open a daycare center at the U.S. Senate, and Stevie Wonder, well-known musician, recording star, and social activist.

PARENT ACTION, a division of the Family Resource Coalition (FRC), hopes to help focus the energy and concerns of the 35 million families in the United States with children under 18. This new organization is the natural outgrowth of a long-term FRC goal and commitment to organize a national voice for America's parents to speak out on behalf of their families. A national advisory board is forming, and PARENT ACTION will soon undertake a nationwide membership drive.

Political observers suggest the timing is right to draw parents into the political process, coalescing their efforts around issues that affect them as parents. FRC will review the 100th Congress's record on family policies and issue legislative challenges to the incoming Congress.

Much activity accompanied the kickoff of PARENT ACTION. Coordinated with this announcement, results of an FRC-commissioned Gallup poll were released during a Washington, DC press conference in early October. The poll reflects responses of 500 families across the country who participated in an in-depth telephone survey.

Virtually all parents surveyed (93%) agree there needs to be much more understanding and acceptance of the diversity that characterizes modern American families. Few parents (33%) believe society values children highly; less than one-quarter think parenting is valued. Two out of three parents say family life has deteriorated over the last ten years, and the assessment is pessimistic for finding affordable housing and for protecting children from drug abuse and crime. Encouragingly, and paralleling other recent polls, a large majority of parents (over 80%) favor paying more taxes to support government programs that would reduce crime and violence, fight drugs, and improve public schools.

The need for a national parent advocacy vehicle is clearly illustrated by society's slow recognition of and response to the changing realities facing today's families. Many parents are stressed, isolated, and unable to find either resources or effective solutions to their concerns. Parents are often discouraged and frustrated when public and business leaders fail to consider the implications their decisions hold for families.

Although several national organizations advocate for and highlight the needs of children, there has not been an organized voice for articulating the concerns of American parents. PARENT ACTION will help to fill that void and raise the public consciousness about the contribution that family support programs can make to the development of strong families.

The ability of dynamic national advocacy groups to effect change is compelling. Such organizations as the American Association of Retired Persons (AARP), the model for PARENT ACTION, and the Sierra Club testify to the power that thousands of unified voices have in changing public policy. Policymakers on local, state, and national levels listen.

PARENT ACTION's mission—to help parents constructively address their parenting needs—will be carried out through public education, community outreach, public policy initiatives, and media relations.

Public education efforts will

- provide information on emerging private and public policy issues that affect families
- work with public and private institutions to help foster cooperative employer/employee relations that recognize the needs of both groups
- advise the business community on family issues and the positive effect that attention to these issues will have for business

Community outreach initiatives include

- conducting a grassroots membership campaign to inform parents and other interested individuals of opportunities that PARENT ACTION provides for education and outreach
- regularly canvassing parents to identify policies and issues of concern
- establishing a network of local and state parent organizations for the purpose of communicating with decision makers
- designing and distributing an advocacy and outreach training curriculum for local and state parent groups

Public policy goals are to

- regularly monitor legislative, judicial, and corporate activities that affect families and inform PARENT ACTION's membership
- advocate for policy and appropriation changes at the local, state, and national levels that will help strengthen families and reflect the realities of families' needs

Media relations projects will

- update national and local media about issues of concern to parents, as well as respond to the media's requests for information
- assist state and local parent groups to communicate effectively with the media

As a division of FRC, PARENT ACTION can offer its membership

- information on parenting issues and on local resources and support programs
- technical services to parents and the public regarding parenting concerns

PARENT ACTION is based in two locations: Washington, DC and Chicago, Illinois. The Washington office is responsible for government relations and the Chicago office will handle the development of education programs and membership services. Ongoing policy and program goals are determined by a steering committee. The organization is supported through annual membership dues of $5, public and private foundation support, and private donations.

During FRC's national conference in 1986, Edward Zigler, Director of the Bush Center in Child Development and Social Policy said, "There is a critical need to put together a broad-based, truly effective advocacy or lobbying group whose central goals are a better life for children and families. If all the family support programs in this nation shared a common vision, they could eventually be unified into that potent political force that has so long been missing."

With the formation of PARENT ACTION, America's parents can begin to shape that unified voice and vision of empowerment.

Mary Brandon is Director, Family Resource Issues for KIDS PEPP (Public Education and Policy Project), a joint project of the Ounce of Prevention Fund and Family Focus. Mary was formerly a staff assistant to U.S. Senator Paul Simon, supervising casework on education, family, and women's issues.

Family Ministry in Southern Baptist Churches:

What One Denomination is Doing

by Diana Garland

Family ministry comes in many forms. A pastor of a large suburban church preaches a sermon on the responsibility of all adults, not just parents, for the nurture and care of the congregation's children. He is preparing his church for a new cross-generational emphasis in church programming.

In a small rural community, a church deacon organizes a network of people within the church to provide respite care to parents of a chronically ill child. The parents need time alone together and with their other children, and in this way the church demonstrates its support and care for a family in crisis.

In another church, a staff member leads a 13-week Sunday night seminar on parenting skills. In a church-sposored family services agency, a social worker provides crisis services for a mother overwhelmed with the responsibilities of single parenting. She involves the children in a church after-school program, refers the mother to a Toughlove group in the same church, and works directly with the entire family in counseling.

Each of these examples represents "family ministry" which includes any attempt made by a representative of a church or church agency to develop and strengthen the relationship between family members. The family minister may be a paid staff member of the church, a professional employed by a church agency, or a volunteering church member. Under the rubric of family ministry can be found a dizzying array of programs and services for families. Some are offered by large churches and agencies with a sizeable professionally trained staff; others are offered by volunteers whose only qualification is their concern for children and their families.

Denominations vary in their emphases and in the methods they choose to provide family ministry. As the largest Protestant denomination, the Southern Baptist Convention with its 14,000,000 members and 37,000 churches offers a representative display of the kinds of services that are called family ministry.

Creating and Providing Family Support

As a case manager in an emergency shelter for homeless families in Louisville, Kentucky, Donna Trabue works every day with families in crisis. At the end of her workday, Donna's involvement with families has only begun because she also serves as a part-time member of the staff of Baptist Tabernacle, an inner city church with an average attendance of 100 persons. Donna's church staff role is Minister of Social Work. Baptist Tabernacle provides traditional social ministries such as a clothing center, emergency food and financial assistance, and transportation.

The heart of Baptist Tabernacle's ministries, however, are support groups, and Donna creates and maintains many of those serving church members and community residents. There are groups for teen parents, a Toughlove group for parents of troubled and troubling adolescents, and a single parents group. Donna also oversees the Rebound program for community youth, a Saturday evening program featuring recreation, informal worship, and seminars on sexuality and decision making. Rebound also includes a program called Straight Talk, in which adolescents learn peer counseling skills so that they can help one another.

Donna organizes church Family Life Emphasis programs as well. The most recent program included four Sunday evening sessions on the topic "Supporting Families in Crisis" with classes for all ages in the church. In addition to her oversight of programs and groups, Donna counsels with families who are experiencing crisis—a runaway child, a suicide attempt, family violence, unemployment.

In a much larger church in the suburbs of the same city, Malcolm Marler serves full-time as the Minister of Pastoral Care. His church, St. Matthews Baptist Church, has 1500 members. Malcolm provides counseling to congregational families in crisis, but he limits this counseling to an average of two hours each day. The church has a counseling center, and Malcolm considers his most critical responsibility is to train and equip church members to minister to one another and to their community. Malcolm heads a "Stephen Ministry" program, a derivative of a national program in which church members are involved in 50 hours of pastoral care training. This preparation enables them to provide support and counsel to church and community members—the elderly who are restricted to their homes, the bereaved, the family in crisis.

Malcolm's church also offers the "second family" program, a non-legal adoption plan for anyone who wants to have or be an adoptive family. For example, single parents can ask to be "adopted" by older adults who will provide grandparenting for their children. Participants sign a "second family covenant" promising encouragement and acceptance of one another as family for a one-year period. St. Matthews also offers support groups and a range of services for parents of young adolescents, blended families, unemployed persons, and families coping with Alzheimer's disease.

Mike Stedham serves as Family Life Minister of First Baptist Church of Abilene, Texas, a large church with a separate building housing its Ministry of Counseling and Enrichment. Mike supervises the three full-time and seven part-time staff members of this center. The staff includes specialists in play therapy, family therapy, counseling with adolescents, and drug and alcohol counseling, who provide both preventive and counseling services.

Like Donna and Malcolm, Mike considers the heart of his ministry is to provide educational and support groups for church members and community residents. The center staff is particularly concerned with maintaining a "strong ministry presence" in the lives of families in which parents are age 40 and under. In order to develop and maintain a ministry relationship with families from the beginning, the church offers each couple a premarital enrichment program and a counseling session for a "1000 mile check-up" sometime during the first year of marriage.

Mike says, "We have found if you get a strong enrichment program going in your church, you won't have as many counseling cases. Our caseload from the church has gone down as we have developed the enrichment ministry." About one-third of the center's budget comes from the church and the other two-thirds from counseling and program fees, gifts, and endowments. Counseling services are offered on the basis of a sliding fee scale with a discount to church members.

Mike and his staff also equip lay teams to provide services such as grief ministry, parenting groups, and support services for those experiencing job transitions. And, in addition to the work he does in his own church and community, Mike has served as a consultant to fifty other churches in his geographic region, talking with staff members about the needs of individual families and helping churches to establish their own family ministry programs.

Denominational Resources

Despite the varying sizes and locations of these three churches and the differing professional backgrounds of their ministers, they clearly share a common commitment to family ministry expressed through:

(1) equipping lay church members to provide needed family support services;

(2) providing self-help, support, and educational groups that address particular family developmental needs and the special circumstances that families face; and

(3) offering professional family counseling services to church members and community residents, either free of charge or on a sliding fee scale.

These and other churches in the Southern Baptist Convention are supported in their ministry by denominational agencies. The Southern Baptist Convention's Family Ministry Department, an arm of the Baptist Sunday School Board, produces literature and provides consultation to state organizations and local churches. A staff of eighteen professional personnel located in Nashville, Tennessee, and a host of contract writers in helping professions and church leadership roles across the nation prepare resources for the Family Ministry Department. Three quarterly journals for parents are published which contain educational materials: *Living with Preschoolers, Living with Children,* and *Living with Teenagers.* Recent articles have dealt with topics such as "Starting School on the Right Foot" (preschoolers), "How to Tell if your Child is Overstressed" (children), and "Dealing with Runaways" (teenagers). Many churches provide these journals to their members without cost.

In October 1986, the Family Ministry Department released an eleven-session training program for parents entitled, *Parenting by Grace: Discipline and Spiritual Growth.* This program integrates theological and Biblical insights about parenting with the knowledge of the social sciences on the topics of discipline and physical, emotional, and spiritual development. The Department, in cooperation with local and state Baptist organizations, conducts training conferences for lay persons and professional church leaders across the country. Through this training network, any church in the denomination has access to trained leaders for this and other family life education programs.

In two years, 9,000 churches have offered the course *Parenting by Grace: Discipline and Spiritual Growth;* more than 75,000 parents have been involved. The program has been so successful that a follow-up is currently being developed. This second program, *Parenting by Grace: Self-Esteem,* will contain thirteen sessions and focus on building self-esteem in preschoolers, children, and adolescents. The program also contains considerable content and guidance for developing parenting networks and supportive relationships for children with other adults (senior adults, single adults, other parents) to supplement parents' roles with their children.

Churches are being encouraged to see nurturing children as the responsibility of the entire church family, and it is hoped that adults who are not parents themselves will get involved in *Parenting by Grace.* These parenting programs are supported by the Baptist Television Network, which sponsors a monthly television show entitled, "Ministering to Families Today." This show has produced vignettes which illustrate the principles of discipline and communicating with children that are taught in the parenting program; churches can order these on videotape to use in their parenting courses.

The Family Ministry Department also publishes leadership materials for clergy and for church family ministry committees, such as: *The Church Family Life Committee* and *Keys to Effective Family Ministry.* The newsletter, *The Family Touch,* aims to keep family ministers in local churches abreast of available resources.

For research and information purposes, the Department maintains a computer filing system of articles in professional journals, popular magazines, and religious periodicals, as well as newspapers, books, and unpublished papers which relate to family life. Denominational employees and church staff members located all across the country, often in remote areas, can request a search on particular topics related to a specific aspect of family life and subsequently receive a listing of relevant books and articles, including copies of materials not readily available to them.

Although family ministry is not the primary focus of other Southern Baptist agencies, a variety of denominational offices conduct programs that have an impact on the lives of parents and children. The Woman's Missionary Union, a national organization for women located in Birmingham, Alabama, trains lay persons to provide parent education programs for families in which child abuse has occurred. They are also developing referral networks with court systems to support this program. The Home Mission Board, a national board of the Southern Baptist Convention with offices in Atlanta, Georgia, sponsors a variety of ministries with special population groups. For example, they provide training for lay persons to minister to the spouses and children of persons in prison.

Southern Baptists also support services to children and families in crisis; nineteen state Baptist organizations provide child welfare services. Beginning as orphans' homes after the Civil War, services today include residential care and temporary shelters for children whose families are in turmoil, residential treatment for troubled children, foster care, maternity and adoption services, programs for children with disabilities, and family counseling. Some state Baptist organizations are opening regional family resource centers that will provide preventive family services and counseling for families in crisis. Each state organization operates autonomously, developing programs to fit particular needs and situations.

Finally, Southern Baptists are concerned about families worldwide. In Third World countries, Baptists support hospitals, agricultural consultants, schools, disaster relief, and feeding programs.

For additional information about denominational materials, write the Family Ministry Department, Baptist Sunday School Board, 127 Ninth Ave. North, Nashville, TN, 37234.

Diana Garland, Ph.D., is Associate Professor of Social Work at the Carver School of Church Social Work. She and Diane Pancoast are currently editing a book entitled Church and Families *(Waco: Word Publishers), which will provide a theoretical and theological basis for family ministry and examples of innovative family ministry programs. Dr. Garland is a member of the Family Resource Coalition.*

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Parent-Child Centers: Bringing Families and Communities

by Ann Dunn

Travel brochures beckon tourists to come to beautiful Vermont. The rugged beauty of the mountains in contrast with family farms of rolling meadows and wooded hills make this countryside the feature attraction of northern New England to thousands of vacationers each year. For those of us who live and work in Vermont and have a commitment to build our lives and communities here, there is much more to value and nurture than is evident to the passing tourist.

Families, roots, and communities are strong in Vermont. But like many remote areas, the rural brand of poverty, isolation, and scarcity of resources makes maintaining that most valuable resource—the family—a precious and fragile one to preserve. At the same time, one of our very best Vermont resources is people. Working together in all kinds of networks, people are helping one another through creative programs connecting children and parents in ways that can strengthen and enhance educational and supportive opportunities within the communities themselves. One such effort, the Lamoille Family Center in Morrisville, is representative of ten parent-child centers throughout the state that make up the Vermont Parent-Child Center Network. These centers provide support, education, and information to families with young children in a community-based grassroots environment.

The Lamoille Family Center (LFC) was founded twelve years ago by community citizens who believed the county needed a local resource that could help to prevent child abuse and neglect through parent education and support. Local control was an important issue from the beginning and remains so today, ensuring local needs and concerns are addressed. Through a host of programs providing a continuum of services prebirth through age 18, children and parents are helped to an awareness of the possibilities for healthier relationships and positive family lives.

The philosophy behind the Family Center is simple: a belief that being a parent, no matter what one's income or education, is difficult and often isolating; that parents need education and deserve to have information about child care and development readily available; and that parents can both learn from and support each other as they grow along with their children.

Serving the increasing needs of a rural county of thirteen towns, LFC has established a centrally located agency, housed in a homelike setting, out of which programs and services radiate to local communities. Like the other nine parent-child centers throughout the state, the Family Center provides a particular focus on services prebirth to age three. Additional programs reflect and address the unique characteristics, resources, and needs of families in the local community. LFC currently serves an average of 450 family members each month.

Center Programs and Services

The staff and board of the Lamoille Family Center believe that it is important to be seen as a resource for any family with children in our county. As a result, many of the programs offered through the center are not qualified by risk, abuse, or neglect, but are primary prevention programs. Two of these are Hometown Playgroups and the Parent-to-Parent Program.

Hometown Playgroups provide weekly, center-based playgroups in three communities for 95 preschool-age children and their caregivers to enjoy quality playtime together. Not only do the children benefit from developmentally appropriate activities and socialization opportunities, but parents have a continuing reason to get out and be with other adults, and to meet and become friends with other parents from their community.

Parent-to-Parent also provides a primary prevention approach to new parents who are contacted in the maternity unit at the local community hospital, in childbirth education classes, or through local public health nurses. Parent-to-Parent invites parents with new babies and toddlers to regular parenting groups and/or to receive weekly homevisits by another parent who is trained and supervised to be a supportive resource.

Of course, specialized programs also exist as early intervention services to families. Our In-Home Parent Educator provides intensive homevisiting to families where abuse or neglect has been documented. Family Center Playgroups provide activities in a licensed facility to twenty children who are at risk for developmental delays or who may be living in at-risk situations. A new grant will also enable the Family Center, in collaboration with the Early Essential Education staff of both school districts in the county, to provide weekly homevisits and playgroups to children and their parents who are not eligible for EEE services but who have special needs.

Other early intervention programs include LINK—Lamoille Interagency Network for Kids—and the Family Mediation Program. LINK was designed by an Interagency Advisory Board which oversees the LFC staff as they provide case coordination, family assessment, and resource and referral to families with unmanageable adolescents.

Family Mediation that takes place between parents and their 12-18 year old children is a key resource for most of these families. Trained community volunteers work in teams of two under the supervision of a skilled mediation program coordinator to help families resolve issues and improve their relationships. LFC also works in local schools teaching mediation skills to students and staff.

Listening Partners, a federally funded research project of the University of Vermont, has also been a vital part of our services for the past two years. Hosted by the Family Center, Listening Partners is developing a model for reaching out to voiceless, powerless women and their young children. Based on the work of Belenky, Clinchy, Goldberger, and Tarule, *Women's Ways of Knowing* (Basic Books, 1986), the project seeks to help isolated women discover the power of their own minds, to begin to view themselves and their children as individuals with their own thoughts and ideas, and having the ability to solve problems and make decisions.

Other services at the Center include Lamoille County Friends, a big sister/big brother type of program, and a host of peer support groups. Parenting courses are offered regularly along with workshops on topics of interest to families.

Making It Work

Tying such an array of services together, given the financial constraints that all small agencies live with, requires attention to some very specific elements. One of the most important of these is collaboration. Many of the programs now available at the Family Center are the direct result of collaborative efforts involving numerous community and agency people. Focusing on our common interests rather than on our differences has resulted in co-grant writing, the development of mutually beneficial contracts, the creation of new resources that benefit many area agencies, and the creation of a positive feeling of direction and professional support within human services throughout Lamoille County.

Strong local networks have not only improved the delivery of existing services but certainly generated a feeling of pride and spirit within the county. A particularly exciting outcome of this collaborative spirit is a highly

Together

successful community effort to create intergenerational services with a developmental focus by bringing together the services of the Family Center, a day care center for the frail elderly, and a newly developed childcare center all on one site.

Another element for success is paying close attention to public relations locally. Letting the community know as often as possible what we're doing, being in the papers every week, and talking with local legislators are all vital components in maintaining a high profile. A positive, upbeat image as a supportive resource helps to make people feel comfortable about coming to the Center.

Creativity in providing decentralized services is another critical element in rural areas like Lamoille County. Transportation is not the only issue here. There is a real need to meet people as close to home as possible because it feels right and is connected to their sense of community.

As with so many grassroots resources, the Lamoille Family Center does a lot with a small budget thanks to the support and involvement of many community volunteers and a skilled, dedicated staff. Of the $200,000 budget for 1988-89 only 12.5 percent comes from direct state support through an appropriation from the legislature. All other monies come through grant writing, contracts developed with state agencies for services, local support from area towns, and private donors. Less than one percent comes from client fees.

Vermonters pride themselves on self-reliance and hard work. They are used to adversity and have a good deal of experience in making the best of tough times. The times have certainly been tough for families and there is much yet to be done in developing adequate support for programs that can make a difference. The commitment of the state legislature to parent-child centers is a good start, and the amount of service made possible through centers like Lamoille is powerful testament to the commitment of local communities. It is in this spirit that the Lamoille Family Center and parent-child centers throughout the state will continue to work to create a strong, coordinated system of services for families with young children.

Ann Dunn has been Executive Director of the Lamoille Family Center for two and a half years. Prior to that time, she was a consultant to a mental health agency and developed community-based programs. Contact her at the Lamoille Family Center, P.O. Box 274, Morrisville, VT 05661, 802/888-5229.

LFC is a member of the Family Resource Coalition.

Vermont Invests in Parent-Child Centers

by Ted J. Mable

The State of Vermont's Parent-Child Center initiative is in its second year. It began as a partnership between eight family support programs that offered similar services to families in ten of the fourteen counties of the state. While each center program remains unique, the primary emphasis is on serving the pre-birth to age three population. Services consist of a combination of core programs which include: child care, parent education, parent-support groups, drop-in programs, play groups, home-based services, resource and referral, and community development.

Rather than lobbying local legislators separately to obtain state funding for their individual programs, the eight directors combined their efforts during the 1987 legislative session and formed the Parent-Child Association Network.

Under the leadership of the director of the Addison County Parent-Child Center—the "flagship" and model for other programs throughout the state—the Network was successful in obtaining an appropriation of $360,000 from the Vermont Legislature to support the development and maintenance of their parent-child centers. Having monies designated as a line item in the state budget is unique and critical to this state initiative.

The purpose of the state funding is to

- **provide prevention and individualized early intervention services to parents of children pre-birth to age three**
- **provide services to decrease social, emotional, and educational hardships associated with a lack of early intervention and support**
- **decrease the cost of later specialized services.**

Parent-child center programs have attracted a wide variety of people with many different needs. More than three of every four persons using the centers are female with an average age of 22 years. A majority (60 percent) have graduated from high school and nearly half (47 percent) are not employed. The primary reason families seek out parent-child center services is to obtain training and support in parenting skills.

The responsibility for administering the parent-child center appropriation was assigned to the Vermont Agency of Human Services' (AHS) Planning Division. Its director works with the Parent-Child Center Network to:

1. Clarify the role of parent-child centers in the social service delivery system. Because the center concept is relatively new, it will be important in the future to explain their mission in order to obtain local community support to fund a center that addresses the needs of all children and families.

2. Develop comprehensive services by maximizing the resources of the State General Fund appropriation. The FY87 appropriation of $360,000 was distributed to the eight centers on a formula basis. Approximately one-third of the appropriation was spent on administrative costs (e.g., salaries, rent, telephone, and supplies), and the remaining two-thirds was used to develop one or more of the program areas offered by the centers. Presently, AHS is working with the Network to develop a peer-program evaluation system. Their planning addresses community priorities so that future General Fund Grants would help each center offer services in the eight core program areas.

3. Evaluate the effectiveness of parent-child centers. As services are still being developed, it is an appropriate time for the Network, with assistance from the AHS Planning Division, to design an evaluation system that would systematically measure the effectiveness of the centers' services, and identify the resources required to carry out such an evaluation. Apple Computer, Inc. donated both equipment and staff training time to each center to help achieve this goal of standardized reporting to the state.

The Future of Parent-Child Centers in Vermont

There are many organizations in the state providing services to children and their families (e.g., schools, YMCAs, youth service bureaus, child care centers) which address a specific problem or need of a child and/or family. In contrast, parent-child centers are unique in that they provide a wide range of prevention services to the entire family, especially families with children under the age of three years. Their ability to deliver prevention services to these families may provide the state with a rare opportunity to minimize parent-child crises (such as child abuse and neglect) and to maximize overall family independence.

In the 1988 legislative session, the Legislature added $50,000 to extend parent-child center services into two more counties. It is hoped that within one or two years increased appropriations will assure a center can be designated for each of the fourteen counties in the state. The Agency of Human Services envisions that the parent-child centers will become the public/private partner to assist AHS in the development of community-based programs to meet the needs of all families in the local community.

Ted J. Mable is Director of Planning for the Vermont Agency of Human Services. A copy of an AHS report entitled Parent-Child Centers in Vermont, 1988 *can be obtained by contacting: Ted J. Mable, Director of Planning, 103 S. Main St., Waterbury, VT 05676, 802/241-2227.*

Mr. Mable is a member of the Family Resource Coalition.

Preventing the First Pregnancy: A New Role for Teen Parent Programs

by Saundra Lightfoot

For more than six years, The Ounce of Prevention Fund has served thousands of Illinois families with a wide range of support programs. We have learned a great deal about family support and teen pregnancy along the way.

The Ounce began its work in 1982 with the goal of promoting positive change in individuals, families, and communities in order to prevent problems that lead to repeated cycles of family dysfunction. The problems go along with poverty and chronic welfare dependency and include child abuse and neglect, low birthweight babies, delayed development in children, and teenage pregnancy.

Using a combination of private and public funds to design, implement, and monitor family support programs, the goal remains the same today. Our first models were in six Illinois communities where families were considered at risk for developing the problems we hoped to prevent. By 1983, we were directing twenty-two additional community-based programs for adolescent parents whose own youth put their children at special risk of being neglected and abused. The following year, we funded fourteen new programs for the specific purpose of reducing the number of first-time pregnancies.

We still believe that helping teen parents and other families give their children a healthy start is essential to promoting positive change. But in the past few years, we have put increased emphasis on primary pregnancy prevention programs. Today, almost 85 percent of the 100,000 Illinois residents we serve are taking part in Ounce-funded programs to prevent first pregnancies.

The Trend of the '80s

Our move into teen pregnancy prevention programs that include younger children reflects a national trend. We recently spoke with Sharon Rodine, director of the National Organization on Adolescent Pregnancy and Parenting (NOAPP), a membership-based network of service professionals and government officials. She said that in the last few years service providers, policy makers, funders, and the general public have come to realize that we've been doing too little too late to prevent teen pregnancies. Rodine also said there is a growing awareness around the country that successful long-term prevention starts early, and that programs are beginning to focus on middle, elementary, and even preschool children.

The Ounce began to consider ways to reach younger children and preteens as we monitored our support groups for adolescent parents. Teen parents told us their younger brothers and sisters wanted to be part of a group that was as caring as the one their older siblings belonged to.

Those requests made us look at our program possibilities. We realized that young people were maturing earlier than in the past—that girls of today reach puberty at the average age of 11 years, and that boys and girls are facing decisions and peer pressure at an earlier age than they did a generation ago. In addition, child development specialists on our staff noted that the end of the 6-11 year old latency period was a good time to talk about sexuality with children as they begin to face the issues on a personal level.

Learning from Models

As we started to design primary pregnancy prevention programs, we drew on our experience with family support and teen parent groups. In 1983, five research associates began gathering qualitative data from our demonstration programs around the state. These programs varied in location, the types of agencies in which the programs operated, and the participants' racial and cultural backgrounds. However, when we sat down to analyze what participants and staff had told us, we discovered some common elements in all the responses.

We found, for instance, that positive change grew out of a helping relationship. Staff told us they didn't feel like teachers; that they were, instead, creating opportunities for growth. Some participants had learned to withdraw from relationships as a defense against chronic disappointment. Group facilitators often spent hours, weeks, and sometimes months, helping young women develop trust in the program.

The critical importance of relationships was underscored by an OPF study funded by the Woods Charitable Fund in the fall of 1987. The final report, appropriately titled "A Room Full of your Sisters," consisted of in-depth follow-up interviews with twenty-four former participants of programs the Ounce administered for Illinois's Parents Too Soon initiative. Several of the women taking part in the study used family terms to describe the OPF/PTS experience. One participant said, "It lets you know you're not alone.... It's like a room full of your sisters." Another described the program "like a home away from home. You have sisters and then you have like a mother, godmother, watching over you...."

Beginning a Helping Relationship

Our earlier programs showed us that relationships leading to positive change enable participants to help themselves. Enablement is a key concept that Yvonne Jeffries, an Ounce consultant, stresses in home visitor training sessions. She urges service providers to avoid the "home visiting quicksand" that comes from "overidentifying, rescuing, and promising more than can be delivered." Jeffries explains our enabling philosophy as the "bag" in the serice provider's bag of tricks.

Though the thirty-one primary pregnancy prevention programs funded by the Ounce use varied strategies to meet their communities' needs, all the programs emphasize the helping relationship. Other insights we gained from our experience with parent support groups have led us to suggest that primary pregnancy prevention programs must:

Photos: Carol Brus

▲
Junior high boys discuss their changing bodies as part of the primary prevention program at Family Focus-Lawndale in Chicago.

- Address total needs. We learned from our young mothers that giving out information about contraceptives was not enough to prevent second pregnancies. In the words of Joy Dryfoos, a member of our national advisory committee, "A young woman needs both the capacity and desire to prevent early childbearing. She must feel that having a baby when she is very young will produce negative consequences that affect her own life. She must feel there are possibilities for her that childbearing will put out of her reach."

The first step in giving young teens expectations for the future is to enable them to feel important. Parent support groups celebrate every achievement from avoiding a second pregnancy to earning a high school diploma. The same principle guides primary prevention programs. For instance, a "Do You Know How Good You Are?" assembly at Cuba Junior-Senior High School in central Illinois made a point of recognizing students who needed a pat on the back. One award went to a boy who had a "friendly hello."

Presenting options for the future is also important. For many participants, the world beyond their immediate neighborhood exists only on TV. Trips to sports and musical events, picnics, and tours of local businesses open

▼ **Peer Power members from Chopin School perform at a Prevention Showcase, part of the Chicago Public Schools' primary prevention for girls.**

participants' eyes to the opportunities that can be available to them.

- Aim for long-term involvement. Our experience with pregnant and parenting teens teaches us that programs must offer sustained support; our typical teen parent groups engage mothers for a two-year period.

One highly regarded primary pregnancy prevention program reaches boys and girls as young as six. Excie Seifer is area director of the Chicago Commons' Mile Square Community Center in the Henry Horner public housing development. Seifer believes that helping children with homework and offering recreation in an after-school program builds a trusting relationship so that several years later, the child and parent trust staff when they talk about responsible sexual behavior.

- Involve the community. The most successful parent support groups in Illinois have drawn broad community support. In Granite City, the Variety Club of nearby St. Louis donated a van that transports parents from a widespread area to weekly support meetings. In Springfield, three churches donate space, transportation, and food for teen parent support groups. Cooperation of this kind educates the community about teen parent programs and lets participants know that people care about them.

Many primary pregnancy prevention projects reach broad segments of the community. Especially notable is the annual Salute to Teens week in Moline and nearby cities which involves direct participation for 15,000 students, parents, and other community members. Mayors' proclamations, tie-ins with local businesses, and media coverage drum up community-wide support for programs that celebrate teens and help to prevent teen pregnancy, drug abuse, and similar problems.

- Reach the participants' families. The Ounce is grounded in a prevention approach that recognizes and builds on the strengths of families. Visiting a pregnant or parenting teen in her home, we try to win the family's support as well as gain a better understanding of the participant and her family's cultural background. We encourage teen parents to plan holiday dinners and other communal events for their families that reflect and affirm the family's history and culture.

- Provide a range of services. We learned in our earliest family support demonstration programs that we would need many strategies to reach our goal of promoting change. In on-going primary pregnancy prevention programs, such as Peer Power in the Chicago Public Schools, we offer 6th, 7th, and 8th graders a variety of activities that include acting in plays, learning to sew, and playing a musical instrument.

The most comprehensive prevention program under the Ounce umbrella is the Center for Successful Chld Development (CSCD), co-sponsored by the Chicago Urban League. Families from six buildings of the Robert Taylor Homes public housing development on Chicago's south side are taking part in a demonstration program to provide continuous service to children who will enter the Beethoven Elementary School. Services at CSCD include family advocates who make home visits; a family drop-in center; Head Start; special programs for teen mothers; and health care for pregnant women and their young children.

It is our hope that CSCD can help to give children a strong start that will lead to school success and expectations for a bright future. As our experience tells us, that kind of hope is the best safeguard against adolescent pregnancy.

Examples of Primary Pregnancy Prevention Programs

- School-Based (Chicago public school system/junior high). The Ounce of Prevention Fund initiated the School-Age Pregnancy Prevention Program (SAPP) in 1984. Designed to provide information, support, and resources for young adolescents considered at-risk for early pregnancy, the strategy is to enhance the teens' self-esteem and ability to make positive decisions. Peer Power for girls and ADAM (Awareness and Development for Adolescent Males) now reach 700 boys and girls in eighteen schools. SAPP also sponsors junior and senior Prevention Fairs where organizations provide information on health and community services.

- Health-based. (Health clinics in three Chicago High Schools). Toward Teen Health is a comprehensive school-based program administered by The Ounce of Prevention Fund helping adolescents attain and maintain wellness.

Open five days a week during school hours, each clinic has a fully staffed medical facility. Parents must give their consent for a student to receive any service (except emergency care) such as: sports and routine physicals; immunizations; pregnancy testing; prenatal, and postpartum examinations; counseling on family planning (including pregnancy prevention methods and abstinence); dispensing birth control devices; and professional counseling for nutrition, mental health, sexuality, substance abuse, and family and personal relationship issues.

- Church-Based. The McHenry Youth Service Bureau (YSB) has developed primary prevention services in elementary and high schools, as well as churches providing programs that educate and train parents, teachers, and other significant adults in primary prevention issues.

Their church-based model called OCTOPUS (Open Communication Regarding Teenagers or Parents Understanding of Sexuality) provides a forum for family discussion in a church setting to improve communication skills, convey factual information, and cultivate the decision-making process.

- Community-Based. The Lawndale Family Focus Drop-in Center is one of six community-based centers administered by Family Focus, Inc. Operating since 1983, the Lawndale center serves an economically deprived community with a high rate of infant mortality, teenage pregnancy, early school drop-out, substance abuse, and unemployment.

Lawndale has developed comprehensive services to meet the needs of pregnant and parenting teens, in addition to an expanding primary prevention program for non-parenting youth in 5th through 12th grades.

The junior high youth participate in a variety of afterschool activities that include tutoring, arts and crafts, modern dance, sports, field trips, and weekly group sessions. The goal is to enhance family functioning and communication and promote sexual abstinence and responsibility among participants; home visits are an essential part of the program.

Saundra Lightfoot, clinic manager for The Ounce of Prevention Fund's Toward Teen Health program, was formerly a primary prevention program specialist in the Ounce's Parents Too Soon Program.

The author wishes to thank Dr. Judith Musick, Portia Kennel, and Carol Brusslan for ideas incorporated into this article.

For further information about The Ounce of Prevention Fund and its programs, contact their offices at 188 W. Randolph St., Suite 2200, Chicago, IL 60601, 312/853-6080.

The Ounce of Prevention is a member of the Family Resource Coalition.

Beyond a Chat and a Cuppa Tea: Family Support in Great Britain

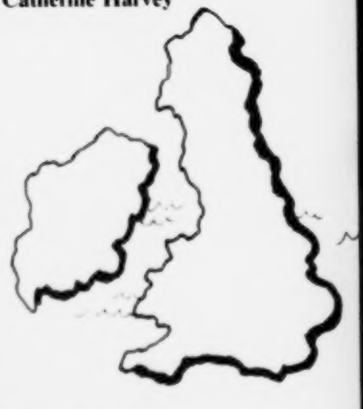
by Catherine Harvey

"We just have a chat and a cuppa tea when the mums come in. It's what they really need, then, isn't it—someone to listen?"

This typically British understatement belies the fact that there is a substantial family support movement emerging in Great Britain. It is evident in the increasing number of programs that recognize the needs of *all* parents for support and encouragement in their role as nurturers. These programs address a wide range of parents' needs. They are located in a variety of settings. They involve professional staff from many disciplines as well as parent volunteers. Taken as a whole, they call to mind the "quiet revolution" that occurred in the United States in the late 1970s.

In Britain there is an assumption that "upbringing is a private matter," and this belief forms the basis of national policy regarding families. For example, Britain provides families with financial allowances for every child—ostensibly to allow one parent to be at home full-time. Because it's assumed that women will care for children at home, Britain offers day care facilities for less than 2 percent of all the young children under five years of age. To a much greater extent than in the United States, there is the expectation that child rearing will be managed completely within families.

Mum and children on their way to a play group in the village of Greasby, Northern England.



Modern Britain, however, is a multi-cultural, multi-racial society that presents many challenges to this idea of family privacy and self-sufficiency. With a population of 55 million (6.4 percent are under five years of age), Britain has much of the same geographic, social, and economic diversity as the United States. Successful British family support programs reflect this diversity.

During my recent year-long stay in Britain, I was most excited by the possibilities for family support initiatives within the extensive social support system and the National Health Service (NHS). Local governments in the Liverpool area, for example, sponsor a variety of family support activities. One program, Parent School Partnership, provides space and staff for family support activities in the city's nursery schools. These small centers are becoming parents' first link with the formal education system. Their location within the school building also allows for a natural interchange of skills and information between teachers and family support staff.

Another local government program, The Under Fives Centre in the small city of Seacombe, has gone beyond its mandate to serve families who are at risk for abuse by redefining itself as a resource for all parents in the community. It began by enlisting public and private child care programs in a collective effort to identify and respond to families' developmental needs. It promoted a philosophy of support for parents and facilitated the sharing of staff, training resources, and organizational skills needed to implement the philosophy.

Currently this consortium provides a range of support and education activities as basic entitlements. In addition to drop-in sessions and parent-child activities, these entitlements include a group for parents who care for handicapped and chronically ill children at home (complete with transportation and trained caregivers for the children); a group for unemployed men who are primary caregivers for their young children; and a group for parents who have adopted bi-racial children.

The University of Nottingham Hospital's pediatric unit demonstrates how the family support philosophy can be integrated into the NHS. This unit goes beyond the national mandate that hospitals must provide accommodations for parents who want to stay with their sick children and considers family members as an essential part of the hospital program. Traditional staffing patterns have been adapted to respond to the presence and participation of family members, including a decrease in the number of nurses and the creation of a new staff position for developmental work with families. Hospital protocol has been revised allowing many levels of parent involvement—from bathing children to administering medication. Alterations in the physical plant also support parents' participation by providing cooking and laundry facilities and space for siblings to play.

Nottingham has demonstrated that the concept of parents working in partnership with professional staff can be successfully translated into routine operating policy. And perhaps more importantly, it has begun to define the potential in parents and in members of the health care team for mutually enhancing their respective roles.

Also within the NHS, a major shift in focus has occurred in the role of the Health Visitor, a specially trained nurse who regularly visits *all* families with babies under one year of age. Until recently, the Health Visitor came as an "expert" to monitor the baby's growth and development; current training for Health Visitors emphasizes their role vis-a-vis parents. Although work with babies at risk for abuse remains a priority, Health Visitors in many parts of Britain are establishing parent-infant groups and working more closely with programs such as The Under Fives Centre and Nottingham Hospital as a way of addressing the needs of a greater number of parents.

Viewed from my perspective as consultant and trainer, I was surprised at how little emphasis these and other successful British programs place on conceptualizing their work. They attribute their use of an informal style of working with parents to intuition and common sense, rarely differentiating that style from the specialized techniques they use or from the knowledge base they've developed.

Despite the lack of a conceptual base, the family support movement in Britain is more than "just a chat and a cuppa tea." It has made practical advances in restoring parents' rights to participate fully in public programs for young children. These advances, while still small in number, are changing the power relationships between parents and professionals and have implications for families on both sides of the Atlantic.

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Promoting Healthy Families and Children in Scandinavia

by Robert W. Chamberlin, M.D.

Similar shifts in family composition and function as well as changes in the economy are taking place in the United States and Western Europe. Response to these changes has been very different, however. In this country, instead of a coordinated, comprehensive, non-deficit oriented, community-wide approach, ours is fragmented with a drop-in center here, a home visitors program there, and an occasional company that has been willing to include paid pregnancy and child care leave as a benefit.

Since most of these countries do better than we in preventing low birth-weight babies and developmentally impaired children, I was curious to see how they organized and coordinated their health and social services. The opportunity to do this was provided by a World Health Organization fellowship which allowed me to spend six weeks visiting three Scandinavian countries (Denmark, Finland, and Sweden). Here is what I found.

Basic Benefits Provided

- **Income and Job Protection**

These include universal sickness, disability, and unemployment insurance; basic and supplemental retirement pensions; free tuition for academic and vocational training; and job retraining and assistance with relocation for those displaced from jobs by a changing economy.

Mothers have up to a year of paid maternity leave and the benefit can be split between mother and father in Sweden. Mothers of young children have the option of taking longer unpaid leave, or working six hours a day until the youngest child reaches six years of age.

- **Financial Assistance**

A yearly cash allowance is provided for each child up to age 16; additional amounts are added if a child is handicapped, a parent is single, or there are five or more children in the family.

For divorced mothers, child support is provided by the local community which then assumes the responsibility of collecting from the father.

Subsidized housing is provided for low income families and temporary living quarters are made available for up to a year to mothers with young children leaving an unstable living condition. This is one of the only programs that is means tested.

- **Preventive and Sick Care Services**

In all these countries, a nationwide network of maternal child health services is provided in neighborhood health centers and/or through home visiting nurses. Content includes parent education and counseling, immunization, monitoring of growth and development, preventive dental care, prenatal and postnatal care, and family planning. Free primary health care includes outpatient visits, x-rays and laboratory tests, prescribed pharmaceuticals, and transportation to and from rural areas to the centers. A nominal fee of $7-8 per day is paid by the patient for in-patient hospital care.

- **Programs for Children and Youth**

There is a neighborhood network of high quality subsidized day care and preschool programs available on a priority basis for working mothers, full-time students, single parents, and for children in need of special services because of handicaps, developmental delays and/or stressful living conditions. Center programs are neighborhood-based and directed by teachers with three years' training in early childhood education. Roughly one-third of the cost is provided by the federal government, one-third by the local government, and one-third by the parents. There are few, if any day care programs in business settings; it's believed that children should get to know other neighborhood children who they will eventually join at school.

Family day care mothers receive short-term training, are provided educational materials, and are limited to having no more than four children in their care at any one time including their own. Their programs are monitored for health, safety, and educational content.

After-school programs for children 7-10 are usually available in center-based day care settings. Youth clubs run by the municipal recreation department are available for older children and include instruction in bike and car repair, sports, music and dance, and crafts.

- **Parent Drop-in Centers**

In Sweden, there is also an extensive network of "open day care centers" where non-working mothers in the area can drop by for coffee or participate in scheduled activities while their children are cared for nearby. The centers have been especially helpful in breaking down the isolation of newly arrived immigrants from places such as Turkey, Bangladesh, or even neighboring Finland.

- **Other Family Support Services**

Local or county social service departments provide family and child counseling services as well as trained "home helps" to assist with household and child care in times of family crisis. Low income mothers with stressful living circumstances are provided one or two weeks of paid vacation at a local resort with or without their children.

When asked how they can justify spending so much money on human services, providers and consumers are likely to respond with one or more of the following statements: Families should not be penalized economically for having children; high quality services should be accessible to all community residents regardless of the type of problem, geographical location, or income level; and a major emphasis should be on prevention.

Costs and Benefits

Benefits are largely paid for by local, county, and federal taxes with some user fees added. The average middle class family pays about 50 percent of its income in taxes. The economies of these countries are based on a predominantly free enterprise system in which 85-95 percent of companies are privately owned and, according to recent articles in the Wall Street Journal, are thriving. In spite of the taxes, citizens of these countries enjoy some of the highest standards of living in the Western world.

When compared to the United States, all these countries have significantly lower rates for births of low-weight babies, perinatal and infant mortality, induced abortion, adolescent pregnancy, and child abuse. That these low rates are not artifacts related to the differences in size and ethnic diversity is apparent when one sees that they are also lower than the rates of small ethnically homogeneous states like Maine, New Hampshire, and Vermont.

While it is unlikely that the United States will ever adopt such an extensive system of benefits, we can learn from these countries about what basic services are necessary to achieve these results and how programs can be coordinated on a community-wide basis.

Dr. Robert Chamberlin is the Medical Director of the Child Development Program for the Bureau of Special Medical Services, Division of Public Health in the State of New Hampshire. He recently organized a conference on "Community-wide Approaches to Promoting the Health and Development of Families and Children." The published proceedings of this conference will be available after October 1988. Dr. Chamberlin is a member of the Family Resource Coalition.

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Wisconsin Community Forums Focus on Families

by Carol Huber

It is mid-morning of a crisp March day. Inside their rural courthouse, twenty people, coffee cups in hands, eagerly discuss the plight of a young couple expecting their first child. This is not coffee break gossip. Rather the group of parents, nurses, teachers, corrections officer, minister, mental health worker, child care provider, physician assistant, and local newspaper reporter are suggesting the kinds of services that the young couple will need in preparing for childbirth and parenting. The group leader encourages the discussion by asking questions: Where is parenting taught? What options are available to a young couple without health insurance? Who receives prenatal home visits from the public health nurse? Who makes referrals to public health?

Most of those attending are health and human service professionals who work in the area. Others are ordinary citizens who wear no special hat but are concerned about families in their community and curious about this widely advertised public meeting. The Center for Public Representation (CPR) in Madison, Wisconsin is sponsoring this forum as part of its community-based Maternal and Child Health Project. The purpose is to enhance awareness about family health issues, identify and address needs, and bring local concerns to the attention of state policymakers.

These community representatives are engaged in a simple but important information sharing exercise. Their discussions raise issues and problems related to education, community support, and material needs; all of these are listed on newsprint taped to the walls. It becomes obvious that the resources available to families in this community are greater than many in attendance first thought, but the group agrees there are critical gaps in the system.

At the other end of the large assembly room another group is immersed in lively discussion about the need for high quality nutrition for moms-to-be. Several participants are aware of a rural health clinic in the area that offers the WIC program but note there are long waiting lists for services. The facilitator clarifies that pregnant women are top priority for WIC. A minister in the group is intrigued; he didn't know there was a program providing food and nutrition education in the county. Perhaps his congregation can help alleviate the waiting list problem with a special collection. His offer is sincere. This is a program he'll refer people to in the future.

Seventeen similar Maternal and Child Health forums were held in twelve Wisconsin communities during 1985-86, and CPR asked the same question at each one. What are the most important needs or issues facing families in this community? The overwhelming response was that families wanted help with parenting skills and strengthening the family unit. Both parents and human service professionals pointed to the lack of community-based parent education and information programs.

Other priority issues were the lack of economic resources and access to health care, family violence, substance abuse, teen pregnancy prevention, and the need for more child care resources.

Although the format differed from place to place, depending on the wishes of local planning committees, the essential elements for all forums were a needs identification exercise and workshops on maternal and child health issues. Workshop topics included parenting, adolescents, health care financing, child care, genetics, and coalition building.

As a result of the forums, family-focused community coalitions developed or were strengthened in six counties. These coalitions functioned as information exchanges, catalysts for needed services, and continuing forums for discussion of family issues. Several coalitions engaged in joint fundraising to meet needs identified as a result of the forums or took other cooperative steps. But the most significant accomplishment of these grassroots groups has been on-going communication, identification of agencies and individuals interested in families, and heightened sensitivity to the needs of families.

This project resulted from cooperative efforts on the part of the Wisconsin Maternal and Child Health Coalition, the Wisconsin Division of Health, and the Center for Public Representation. In 1983, these organizations recognized that despite a great deal of interest and discussion at the state level about design, availability, and coordination of services, an essential perspective—that of local communities—was missing. The Center for Public Representation adapted the community forum model to provide that perspective. The project was funded by the U.S. Public Health Service, foundation grants, and the resources of CPR.

Problems identified by forum attendees were widely reported in each community, and appropriate statewide agencies were notified in order to facilitate a match of needs and resources. Issues with a legal aspect and those related to health care financing and access were further explored by CPR staff, often working with the state Division of Health or Bureau for Children with Physical Needs. Other members of the Wisconsin Maternal and Child Health Coalition incorporated the forum findings in their own priorities.

The Center for Public Representation is a not-for-profit, public interest law firm engaged in demystifying the law, serving un- or under-represented groups, and providing training and information for the legal profession and consumers. The Center has focused on critical issues for families through a number of projects including the Wisconsin Children's Audit Project, the Community Based Maternal and Child Health Project, and the Project on Families in the Changing Health Care Marketplace. The Project staff included Carol Huber, Director: Gay M. Gross, MPA; and Catherine L. Gaylord, J.D. Ms. Gross was the primary liaison with the local communities.

Further information regarding the Center or the Project are available from the Center for Public Representation, 520 University Avenue, Madison, WI 53703, 608/251-4008. Although federal funding for the Project has ended, CPR hopes community family forums will continue to be convened in other localities. To help communities plan and organize their forums, the Project prepared a detailed workbook describing data collection, needs assessment tools, step-by-step guides, etc. *Active Communities/Healthy Families* is available for $9 from CPR at the above address. Please allow 6-8 weeks for delivery.

The FRC Report will publish part two of this article in the next issue

States and Families: A New Window of Opportunity for Family Support and Education Programs

by Heather B. Weiss and Patricia Seppanen*

Recognition of the problems of young children and their families is now widespread, and as a result states are rapidly putting family support and education programs high on the public agenda. By assuming some responsibility for promoting the development of strong families, states are recognizing both the importance of the family in human development and the necessity for more public support to strengthen it.

This new state interest poses substantial challenges, both in planning new programs and in institutionalizing existing ones. Many of the latter have grown up outside of traditional social service and education agencies. These grassroots, often struggling programs now find themselves being considered for admission into the more stable mainstream of state-supported human and educational services. This can be a mixed blessing insofar as state-supported programs can be bureaucratic, standardized, categorical, and inflexible—qualities that family support and education programs have worked to avoid. Both new and existing programs must negotiate a way to reap the benefits of broader public support and funding, while maintaining the special ways of relating to families that distinguish them from traditional, child-oriented programs—the very qualities that contribute to their appeal and effectiveness.

The family support movement is thus at a major transition point. It is a critical time for all concerned with program provision to think through, and become involved in, shaping their state's interest and efforts. It is to facilitate this involvement that we have written this two-part article. The first part examines some of the factors and arguments that are putting family support programs on the public agenda. The second part will examine the specific choices and issues that planners in five pioneering states have confronted in formulating and implementing their programs.

Why the New Interest in Programs to Strengthen Families?

First, policy-makers are looking more holistically and comprehensively at policy and services for families in the early years. Studies by numerous state policy and planning organizations and state commissions on children, youth, and families—especially those regarded as "at risk"—point to the need for early preventive interventions to forestall problems in adolescence and adulthood.

Their analyses of the causes of certain family- and child-related social problems tie inadequate family functioning to inadequate social and community support. Therefore, these studies and reports argue that there is a need for both new approaches and for the adaptation of existing, more traditional programs to make them more supportive of families. Many also argue that preventive programs need to be coordinated with existing services.

These reports typically culminate with the specific recommendation that the state create or support family support and education programs that are different from, but intimately dependent upon, the provision of quality child care, early childhood services, income supports, and child welfare services. Family support programs, therefore, are emerging as a distinct set of services and helping strategies which may be either freestanding or used to enrich diverse existing child- and family-serving programs. These arguments mean that those advocating for more family support programs now face a difficult challenge: they must argue for a share of scarce state resources and differentiate themselves from existing services at the same time they support advocates of other services and attempt to coordinate service delivery with them.

A second factor driving state policy-makers' interest has been the small but growing body of research that documents the effectiveness (Weiss & Jacobs, 1988) and cost-effectiveness (Barnett and Escobar, 1987) of preventive, family-oriented early intervention programs. Cost-effectiveness and research-based arguments made in favor of family support programs need to be carefully crafted to avoid creating overly inflated expectations about what these programs can accomplish. While there is some promising evidence, over-selling can bring backlash and disillusionment.

Further, the existing research does not give specific direction to those charged with developing such programs. State planners are thus working with scarce evaluation-based information about how to build effective programs. The choices they must make in designing new systems of state programs would be greatly enhanced by "nitty-gritty" program information and practice knowledge provided by veteran state and local program directors. The challenge now is to develop mechanisms to collect this practice knowledge and convey it to policy planners.

The third factor driving states' interest in strengthening families derives from the fact that family support programs reinforce the value that Americans place on the family and its child rearing role. These programs attempt to achieve the aims often expressed by conservatives: strengthening and promoting well-functioning, independent, self-supporting families in strong communities. Yet they are also in accord with the more liberal perspective that governmental efforts to promote extra-familial and community support are appropriate and critical for effective family functioning.

Arguing for these programs from a values perspective can be tricky, however. In the future, advocates will face the challenge of avoiding two pitfalls successfully minimized so far: the first is the danger of setting off divisive doctrinal struggles about what the content and values underlying programs should be. The second is vulnerability to charges that the state is dictating how to parent. Several of the pioneering states have avoided these problems by allowing for considerable local discretion in program development.

Finally, increased state interest and involvement in these programs reflects the changing role of state government in provision of service to children and families, and the emergence of a group of state policy entrepreneurs in education and the human services (Weiss, 1988; Hausman, Gerlach, & Weiss, 1987). During the 1960s and 1970s, the role of the state was defined almost exclusively as one of management of federally sponsored social programs (Elazar, 1981). But now, the state role has broadened to include governance: *making* as well as implementing policies. Increased state responsibility has fostered a diverse group of legislators, governors, and public administrators in education and human services who conceive of their role and that of state government as entrepreneurial and pro-active rather than strictly managerial and reactive.

These state policy entrepreneurs need input from family support practitioners and advocates to formulate and implement initiatives that are responsive to both state and local needs and that produce or reinforce high quality programs. Table One describes the basic characteristics of state initiatives currently being studied by the Harvard Family Research Project. In part two of this article, we will describe the specific choices and issues these pioneering states have faced in developing their programs.

Table One pp. 16-17

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* The authors would like to thank Kristine Puopolo for her editorial assistance.

Heather B. Weiss, Ed.D., is Director of the Harvard Family Research Project at the Harvard Graduate School of Education. She is a co-editor with Francine Jacobs of the book Evaluating Family Programs *(1988). She is a member of the Board of Directors of the Family Resource Coalition.*

Patricia Seppanen, Ed.D., is a Senior Researcher at the Harvard Family Research Project involved in a study of community schools as centers for family support and education services. Both Dr. Weiss and Dr. Seppanen are involved in a three-year study of state-sponsored family support and education programs.

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Table One . Family Support and Education Initiatives in Five States

STATE	MINNESOTA	MISSOURI
PROGRAM	Early Childhood Family Education (ECFE)	Parents As Teachers (PAT)
STARTING DATE	1975	1985
SITES	Schools, housing projects, neighborhood centers, jails, hospitals, Native American reservations	Schools, homes
PHILOSOPHY / GOALS	Parents are the child's first teachers • enhance parents' sense of self-worth • help parents optimize their children's physical, social, and intellectual development	Parents are the child's first and primary teachers • provide information and educational guidance to enhance the child's social, physical, and intellectual development • help reduce the stresses and promote the pleasures of parenting
SERVICES	• parent education and group discussions • home visits • developmental pre-school activities • advocacy and crisis intervention • newsletters • drop-in centers • toy and book lending • special services for particular populations (Southeast Asian immigrants, single parents)	• minimum of four home visits a year (individualized to meet each family's needs) • health examinations and screening for children
PARTICIPANTS	Parents with children 0-6 (special efforts to recruit low-income and stressed families)	All parents with children 0-4 are eligible
ROLE OF PARENTS	Parents make up the majority on local advisory councils and are represented on the State Advisory Task Force	Parents may serve on local advisory boards
STAFF	Varies, but can include early childhood educators, child development and family life specialists, nurses, and consumer home economists. Certification being formalized; currently licensed under the Division of Vocational and Technical Education	Full-time and part-time parent educators
BUDGET	In 1988, $18.3 million (excluding other sources) —40% from the State Department of Education, and 60% from local levy	In 1987, the State Department of Education allocated $11.4 million for PAT across the state
EVALUATION	Several systematic evaluations and one summative evaluation; the state is currently working out a state-wide client tracking form and further summative evaluations	Following a formative evaluation judged unhelpful by state staff, a private research firm performed an outcome evaluation, examining the program's impact on children's cognitive and social development, and on parent knowledge and attitudes in the school system

KENTUCKY	CONNECTICUT	MARYLAND
Parent Child Education Program (PACE)	Parent Education and Support Centers	Family Support Centers
1986	1986	1986
School districts	Agencies around the state in a local-state partnership effort. Sponsors include local community service agencies, mental health services, Catholic Charities, youth and family services, a town, and a YMCA.	Sites around the state
• break the intergenerational cycle of illiteracy and poverty • improve the educational future of mothers and children	To support families and strengthen the fundamental family processes that contribute to the healthy growth and development of children and youth. • promote positive development • increase community-based prevention resources to assist parents • increase community linkages between parents and local resources • increase technical assistance and training to schools and other agencies working with parents	To develop community-based support services that • prevent unwanted pregnancies among adolescents • assist adolescent parents to become better parents • assure the healthy growth and development of children of adolescent parents • help adolescent parents remain in the mainstream by completing school and preparing for employment
• GED tutoring for mothers • pre-school program for 3- and 4-year-olds based on the High/Scope developmental model • joint parent-child activities (emphasis on behavior management and observation) • support group for mothers on self-esteem and competence	Each center must provide • parent education and parent training services • parent support services (groups, drop-in programs, parent-child activities) • information and coordination of services—technical assistance, consultation, and training services (for other community agencies)	A core set including • services to enhance parenting skills • health care and family planning • diagnostic and assessment services for parent and child • temporary child care • peer support activities • educational opportunities including GED • job preparation and skill development
Parents over age 25 who have not completed high school; their 3- and 4-year-old children	All parents of children 0-17 with priority given to those groups in the community that are underserved. Selection for programs is "nonevaluative and not based on any negative criteria." The underserved include teen and single parents, low-income parents, two-worker families, parents with limited English proficiency, etc.	Teen parents at sites funded around the state; eventually there will be efforts to make opportunities available for centers for other parents.
Parents receive GED preparation, support, and motivation to gain parenting and career development skills	To participate in the program and in its planning, governing, and operation	To participate in the program and strengthen their parenting skills, their own development, and that of their child. Intake interviews are set up to review family strengths and "positive elements are examined and highlighted." Participants are used to seeking services in crisis development to prepare for employment.
Each site has one adult educator, one pre-school teacher, and one aide; teachers are employees of the school system and receive equal compensation; aides are hired by PACE	Those provided by sponsor with the skills to provide the required services	Those necessary to provide core services; backgrounds of staff vary by local program
Initially, the Kentucky Department of Education awarded $300,000 for six pilot programs; in 1987 the KDE increased funding by $900,000 to $1.2 million	$300,000, State Department of Children and youth Services	$1 million, State Department and Human Resources Foundation Grants
In the process of developing an evaluation tool.	Formative evaluation to monitor overall program implementation and outcome evaluation at selected sites is being conducted by an outside research organization.	Ongoing formative evaluation and client monitoring to include descriptive data on client status; program utilization data; profiles of participants; intervention plans; and program, participant, and community satisfaction ratings. An outcome evaluation is being planned.

Running Parent Education Groups: Goals and Techniques

by Nancy Samalin

My experience as the mother of two sons born a year apart, forced me to confront the fact that, for me, being a parent was the most difficult, frustrating job in the world. A teacher for fourteen years, I wanted to be an accepting, nurturing parent, but to my astonishment and dismay, I discovered that I was completely unprepared to cope with two children, that I had a terrible temper and little self-control, that I was critical, talked too much, and nagged a lot.

Desperate to find better ways to communicate with my sons, I joined a mothers' workshop led by Dr. Alice Ginott, psychologist and widow of Dr. Haim Ginott, author of *Between Parent and Child* and *Between Parent and Teenager.* Through these workshops I began to understand the crucial effect my words were having on my children. Over time I learned to hear my sons differently, and as a consequence our home life changed dramatically.

Seeing what a difference skills and information could make, I wanted to share that valuable knowledge with other parents. After returning to school for an advanced degree, I founded the Parent Guidance Workshops in New York City, and for twelve years have worked with thousands of parents in groups.

My goal was and is to help parents become more aware of the way they talk, see the effect of their words, and begin to respond in new ways. The model for the parent groups is an educational one, based on the belief that providing participants with information, choices, and concrete alternatives to nagging, yelling, arguing, pleading, bribing, threatening, punishing, and criticizing can be really helpful in strengthening a parent-child relationship. By communicating in new ways, it is possible to promote cooperation instead of resentment, to express anger without hurting or insulting, and to set limits on behavior while responding empathically to feelings.

The group approach is a therapeutic one in which the focus is on the here and now, on practical strategies, and on group problem-solving and mutual support. Parents are asked to write down actual exchanges between themselves and their children, and these dialogues are discussed in the weekly workshop. Parents are encouraged to really hear themselves in conflict with their children, and then the process of finding alternative ways to cope can begin.

In the balance of this article, I would like to articulate a number of specific objectives that form the basis of the workshops. They include my personal goals as a leader and those I hope parents will achieve for themselves.

✓I would like each parent who attends the group to feel welcome and accepted, and to experience me as an ally, not as an expert. I try to make sure that participants perceive me first as being on their side rather than their child's side.

✓I would like each parent to experience the group as a safe place where they can talk freely about what troubles them without fear of being judged negatively by me or by the group.

✓I would like to provide parents with an increased awareness of the effect their words have on their children, and that the way they say something will influence the child's response.

In an introductory workshop consisting of five or more sessions, specific skills are discussed that touch on the following areas: encouraging cooperation, acknowledging feelings when a child is upset or complaining, diminishing sibling rivalry, expressing anger without hurting or insulting, setting limits without guilt or punishment, enhancing self-esteem, and praising effectively. These techniques and skills are taught through discussion, anecdotes, actual dialogues from *Loving Your Child is Not Enough,* handouts, and personal examples.

✓I want to make the sessions fun and entertaining whenever possible. Although some have their serious, sad, and moving moments, I believe the sessions need to be kept lively and maintained at a high energy level. Dr. Ruth Westheimer quoted the Talmud in a speech to professionals by saying, "A lesson taught with humor is a lesson retained."

✓I believe it's useful to emphasize the fact that while much of the course information may not be difficult to understand, *it's not easy to put into practice.* Because many parents are extremely quick to criticize themselves, it's helpful to reiterate how hard it is not to react on automatic when a kid is pushing your buttons.

By discouraging parents from being too hard on themselves, we may indirectly encourage them to be less hard on their children. We can remind them that they will always get another chance to respond (sooner than they'd like, perhaps), and help them figure out what to do differently the next time.

✓As parent educators, we need to model the skills we teach. That means refraining from being judgmental and helping parents understand we are not experts who have the answers to what is right or wrong, good or bad. These words—right, wrong, good, bad, always, never—together with the word "should" encourage dependency on the leader and decrease parental self-esteem and self-confidence.

✓It's important to take every opportunity to acknowledge a parent's feelings and to be aware of the difference between feelings and actions. For example, the parent of a 10-year old boy reported, "Last week I felt like dismembering him limb by limb, he made me so furious." My reply was, "Yes, but you didn't." Or when a mother said, "My four-year old wouldn't stop whining, and I wanted to shake her until she shut up," a helpful reply might be, "Listening to a kid whine is like chalk scratching on a blackboard. Have any of you ever felt like that?"

Parents who can draw the line between feeling and doing need to be supported and encouraged. Most people don't understand the potential for child abuse until they become parents themselves. If parents can enjoy their kids for five minutes more a day and hassle them for five minutes less, they have achieved at least limited success.

✓Finally, if parents get nothing else from a workshop, I would like them to feel they're not alone. ("You mean my kid is not the only one who does that?") This is probably the most fundamental service a parenting group can offer to diminish parental anger, self-blame, and guilt.

The above are personal opinions based on an admittedly subjective approach and individual style. I would appreciate hearing your comments, reactions, and experiences with parent education groups; your successes and/or problems could be helpful to all of us in the field.

Nancy Samalin, M.S., is the founder and director of Parent Guidance Workshops. Articles about her work in child discipline have appeared in many publications and she has been a frequent guest on radio and televison. Her book, Loving your Child is not Enough: Positive Discipline that Works *(written with Martha Moraghan Jablow, Viking Penguin, 1987), is based on hundreds of workshops and real-life dialogues. Mrs. Samalin is on the adjunct faculty of Bank Street College. She can be contacted at: 180 Riverside Drive, New York, NY 10024, 212/787-8883.*

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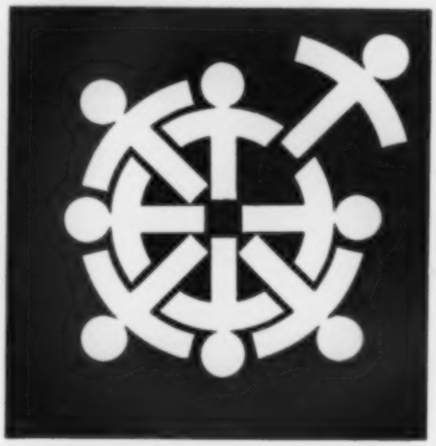

Musings about Group Leadership:

Referral Out of a Group

by Ted Bowman

Participation in a parent group does not necessarily mean that the group is the best or only resource for its members. Referral out of the group can, in some instances, be the most helpful service you can offer. By so doing, you assist persons in matching their needs and schedules with resources available and pertinent to them. Your parent group is but one option.

Trying to fit everyone in by being all things to all people can detract from the usefulness of the group, can be harmful to persons needing a different resource, and suggests grandiosity by the group leader. Some perspective on referral and building skills in that area may help group leaders consider the process as an integral part of their work.

Readiness for Referral… Know Community Resources

Parent educator attitudes about referral could probably be measured by the amount of preparation for referral done before the group begins. Trying to respond to a group member who is disruptive to the group process and in need of referral, without knowledge of community resources, creates unnecessary tension for the group leader, the group, and the person being referred out of the group. It can also suggest insensitivity to the person in stress.

Information about resources and the procedure of referral can make difficult situations go much more smoothly. Before the group begins, check out what services are available, at what cost, with how long a wait, in which location. Who is eligible? What is the reputation? (Ask for references, and check with local professional associations or respected leaders.)

Over time, build relationships with individuals or agencies where quality work can be assured. Familiarity with persons, however, is not enough. A therapist, for example, may do terrific work, but if most of your group members could not afford the service, are ineligible for insurance reimbursement, or must wait six weeks for an appointment, then the referral may be of limited value. It is important, therefore, to know procedures and rules of entry. In addition, build a base of multiple referral places, and give people choices if possible.

Make Referral a Sign of Health, not an Experience of Rejection

For example, saying something like, "Let's help (name) think through this dilemma—maybe we can be useful now or help identify other resources," will probably be better than, "Hey, you'll have to deal with that some other place." Emphasize that the parent group is there to help get support and help *wherever* it might be found.

One of the life experiences that is most frustrating is when we feel stuck, when our options seem limited. A group can be a most creative place for generating choices, ideas, and options for group members. Referral is an activity of enlarging options for group members.

Emphasize Matchmaking

The best resource is one that matches persons with needed or desired services. By emphasizing this attitude the tone of referral shifts from "from" to "to". Exclusion is superceded by matchmaking. This requires knowledge of community resources and a willingness to aid the person in making the new connection. This may mean being present as the person makes the initial phone call, offering support as different help is sought. A note or a phone call to the referring person or agency about what the parent is seeking may be beneficial. Some group members may be willing to accompany a member to the referral place, if desired. Be cautious, however, of taking over. The more the person can do for her/himself the more likely the referral will stick. Empowerment is a central parent education axiom.

Assessment before Referral

Disruptive behavior in and of itself is not cause for referral. We all have our quiet, withdrawing days, our strong opinions expressed forcefully, our own protective denial of realities so obvious to others, and, of course, our readiness or not to deal with certain issues. It is when these or other behaviors persist that referral should be considered. At a minimum, assessment for referral involves two steps. One is the balance of group needs and individual needs. The second has to do with a person's ability to fully utilize the group experience.

When someone is preoccupied with stressors—personal, relational, or survival—she/he may have great difficulty participating in the group process. To enter into a mutual help process, which most parent groups are, presumes ability to engage into the give, not just take, of information, problem-solving, and support. Persons in significant stress find this difficult, if not impossible. The clues for the group leader can include preoccupation with some particular relationship or issue; inability to make movement or progress in spite of suggestions and support from the group; or excessive depression, anger, or indifference. Such behavior suggests difficulty in using the wealth the group offers. Furthermore, such behavior will distract the group and the leader from its purpose—that of parent education.

If uncertain about referral out of a group, consult with colleagues in your program or at potential referral sites. Check your perceptions and conclusions with others.

Give Referral Credibility

Most groups include persons who have utilized various human services. Encourage them to share stories of seeking and getting needed help. In this way, the fear of the unknown that inhibits some from taking the step toward other services can be addressed. Furthermore, group members can give credibility to particular resources or help-seeking generally. Peer endorsement will often carry more weight than that of the group leader.

Include Referral when your Group is Ending

Referral out of a group typically refers to actions taken as the group continues. Consider mention of other resources and ways to access those resources as part of your ending process also. Some members want and may need linkage with another service after your group is finished.

Referral, done with care and respect, can enrich the person referred, models choice-making for all group members, can enhance the group process, and demonstrates effective leadership.

Ted Bowman is Associate Director of Community Care Resources of the Wilder Foundation in St. Paul, Minnesota. Community Care Resources at Wilder is a mental health consultation and training unit, engaged in preventive and innovative work. Additionally, Ted teaches in the Home Economics Education Department at the University of Minnesota and is a frequent trainer, consultant, and speaker. He is also a member of The Family Resource Coalition.

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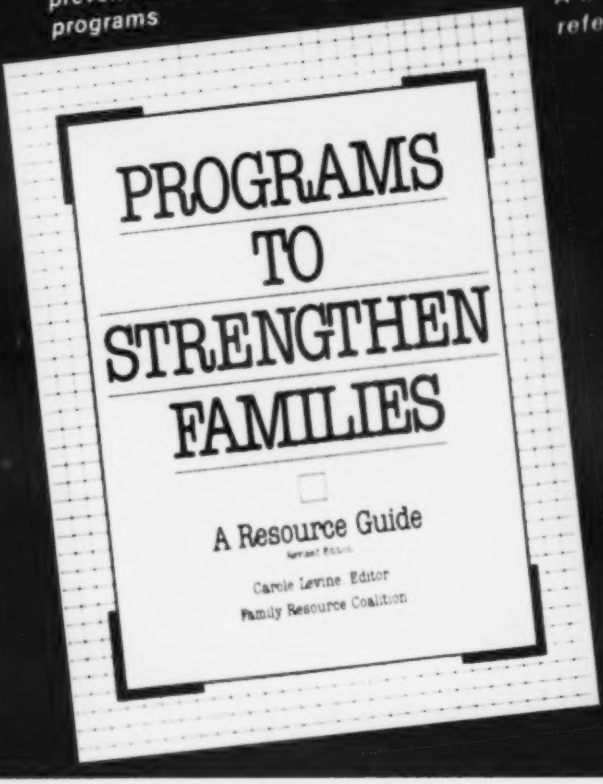

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A Resource Guide

Revised Edition

Carole Levine, Editor

Family Resource Coalition

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FRC REPORT

Design, JANE BROWN
Typography, KARR CREATIVE SERVICES
Printing, BOOKLET PUBLISHING CO., INC.

The ***FRC Report*** is published three times a year in the public interest by the Family Resource Coalition, a tax exempt, nonprofit organization. Membership in the Coalition includes a subscription to the ***FRC Report.*** Readers are encouraged to copy and share its content; we request you credit the Family Resource Coalition as the original source of information.

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Family Resource Coalition
Report

Volume 8, Number 1—1989 | Building Support and Resources for the Family | ISSN 1041-8660

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Programmatic Responses for Families at Risk

by Irene Beck

As Americans continue to reach for upward mobility, a more focused look around reveals that not everyone is making it. According to the House of Representatives' Select Committee on Children, Youth and Families, many families have been left behind.

"Median family income has continued to grow since 1970, albeit more slowly than in earlier years and at widely different rates for different groups. At the same time, the group of families with children that is at the bottom of the income distribution is markedly worse off now than the corresponding group was (in 1970)."

Consider these changes indicated by the Select Committee:

- Between 1973 and 1984, the average (adjusted) income for families with children has declined by 9 percent.
- Health care costs and the price of higher education have far outpaced inflation in the 1980s.
- Child care costs, the newest major expense for families, now consume nearly 10 percent of the average family's income and 20 percent of the income of poor families.

The number of families in poverty has grown; 2 out of 5 families average less than $17,500 annually from all income sources (Bureau of Labor Statistics, 1986).

And these families have become poorer. By 1986, the bottom 40% of all families received only 15% of total national earnings (Bureau of Labor Statistics, 1986).

What do these numbers mean to parents? In human terms, they mean that life is more of a struggle and family life is a greater challenge.

Recent years have brought more than economic changes. Unprecedented numbers of single parents are raising children, and two parents are working to maintain a standard of living no longer possible on one income. Many are raising their children isolated from supportive relatives.

Children are coming home from school to loneliness, facing early pressure to perform, peer pressure to conform, and societal pressure to form early decisions that will shape the rest of their lives.

Families in low-income circumstances face additional burdens. Parents are distressed by poverty and what it does not buy. They know the frustrations of surviving when pitted against underemployment or no work at all. They've wound their way through formidable mazes of social services. And whether it is in the city or the country, they feel the separation from others who care and share their concerns.

Children raised in poverty are at high risk for street pressures to come by easy money, for dropping out of school, or for young and single parenthood. Lisbeth Schorr (1988) states, "Poverty is the greatest risk factor of all."

At a time when one child out of every five is raised in poverty, and when only one out of every four young black men has earnings adequate to support a family of three above the poverty line (Children's Defense Fund, 1988), there is a growing concern that families need more effective support systems, that they can not manage alone.

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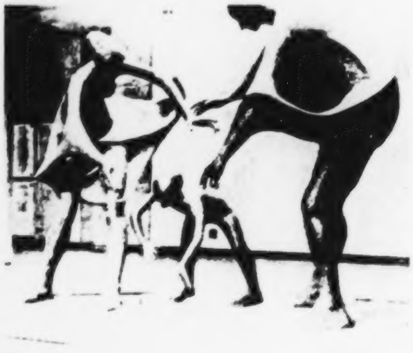
Over the past two decades, numerous community-based programs have been established to meet the needs of at risk families. These programs provide services to families that empower and strengthen adults in their roles as parents, nurturers, and providers. The program goals focus on enhancing the capacity of parents in their child-rearing roles; creating settings in which parents are encouraged to act on their own behalf and become advocates for change; and provide parents with a community resource (Weissbourd & Kagan, 1989).

Longitudinal studies of these programs have indicated both short and long term effects (Halpern & Weiss, 1988). The findings showed that participating children demonstrated increased performance and social adjustment. The research also indicated modest but growing data demonstrating improved life courses for participating mothers and better long term parent-child relationships.

Today, both private and public sectors show increased interest in programs supporting low-income families. There is growing concern about government expenditures for crisis oriented treatment and the lack of attention paid to prevention of the problems which precipitate the crises.

The rising costs of problems ranging from remediating unprepared workers to the social costs of infant mortality are the focus of widespread concern. In response to this concern, several states have recently provided funding for publicly supported programs for low-income families.



FRC Completes Two-Year Study of Programs Serving at Risk Families

The Family Resource Coalition has undertaken a study of thriving group and center-based family resource and support programs serving low-income families.

In order to capture the elements of success, FRC made on-site visits to the programs. In addition to collecting written materials, a staff member interviewed each program's director and staff, met with parent participants, and observed ongoing activities.

The study's on-site observations indicate that families in low-income situations are often only one crisis away from joblessness or homelessness. While some families are overwhelmed by such stress, lose hope, or give up, the study showed that the majority persistently work and struggle to make ends meet, to provide a safe, healthy, secure, stimulating environment for their children.

Although some researchers have noted that consistent participation is problematic for poor families, FRC saw a different picture emerging from the organizations it studied. Parents did indeed attend, changes were happening within their families, and programs were succeeding in meeting participants' needs.

Some of the most striking impressions came directly from the parents. They talked about money, and the stresses that arise when there isn't enough to make ends meet. They often reported that while seeking services designed to assist them, they have been treated more like a number than as an individual. While parents may persist in trying to get resources for themselves and their children, they rarely get recognition for their efforts and are often prevented from succeeding. They talked about wanting to control their lives and change the things that make life so hard. They wanted good jobs, and they wanted to be able to provide what their families needed.

What Have Family Resource and Support Programs Been Able to Do?

They offer parents new tools for their struggles. They provide substantial supportive resources: information, skill development, emotional sustenance, connections to the wider community, partnerships in advocating for their needs, and an empowered sense of competence and self worth.

Because lack of income is a constant plague, programs may offer job training and referral services to increase participants' income. Other programs may provide emergency shelter, food, and clothing.

Most low-income parents rarely have opportunities for relaxation and recreation; just surviving is a struggle. Family resource and support programs offer them opportunities for pleasure as well as nurturance which they might not otherwise receive—support that is vital to their continued growth.

The isolation that many parents spoke of was shared by the program directors. Most programs have risen from grassroots beginnings and flourished within their community with little or no knowledge about other programs or the nationwide movement.

Responding to that expressed sense of isolation, FRC brought staff and parent representatives from ten programs together for a meeting in fall 1988. Parents shared their similar experiences, and contributed ideas about what was important about their own programs. Program directors shared problems and successes, and the frustration of wearing too many hats due to lack of funding and necessary resources. They sought this opportunity to provide a forum for building an ongoing network with other program providers.

The results of these exciting, energizing meetings and visits will be published as a book in fall 1989. Designed for the general public and policymakers as well as program providers, FRC will describe public policy implications and make recommendations for future action.

Beyond the book's publication, FRC will continue its commitment to families who face the challenge of poverty. FRC plans to

- design a training and support program for practitioners interested in offering family support programs to low-income families;
- publish guidelines and a handbook for developing such programs;
- launch a collaborative effort with other national organizations with a similar focus; and
- convene a national colloquium of decision makers and program administrators to discuss the current situation, and the potential benefits and challenges related to such a program initiative.

Change is all around us in the family resource and support program movement. As public policymakers are beginning to explore ways to support these grassroots programs, academic and program leaders have planned a colloquium for spring 1989. At that time, representatives of states from all across the nation will gather to look at models and investigate ways to integrate them into our more traditional service delivery systems.

The Family Resource Coalition seeks to foster the growth and continued development of this movement and to enhance families' strengths, particularly those most vulnerable to the burdens of poverty. Our children are tomorrow. Their families hold their future.

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Programs that Work

In preparing material for our forthcoming book on the issues of serving families in low-income circumstances, FRC staff members made site visits to group and center-based programs around the country. The brief descriptions that follow are a window on what we observed and experienced, and what we heard in conversations with parents and staff.

Individuals working in the fields of education, juvenile justice, social welfare, and child protection came to realize that available services did not adequately address the precarious nature of life for families in low income circumstances, not their real needs, stresses, or concerns. Typically, these services were judged to be too little, too late, too problem focused, too fragmented, and lacking in appreciation for family potential and strengths and for parents and children as a family unit.

As a result, program entrepreneurs set out to find ways to fill the gaps on a community-based level, and subsequently developed programs that are either free-standing, a component of a larger agency, or an element of a public school. They are widely diverse in approach, based on particular community needs, but share a belief in prevention and empowerment of families by promoting their strengths.

Certain guiding principles are common in the programs:

- they invest substantial resources in outreach, aimed at recruitment and maintaining attendance;
- they offer a range of learning opportunities in an accepting, culturally sensitive atmosphere;
- they are geared to promoting strengths and capabilities, personal growth, and empowerment in an individualized fashion; and
- they remain available to families over an extended period of time.

Our sketches are intended to emphasize the inventive and unique ways programs work toward achieving their goals, and to suggest a variety of possibilities for responding effectively to families. □

Located in a transient, low-income community, the **Webster Avenue Family Resource Center** (WAFRC) is an oasis. It occupies two storefront bays in an ethnically mixed section of Rochester, New York, and offers a variety of educational, social, and support services to families: parent education groups, life skills counseling, respite child care, monthly potlucks, home visiting, and broad volunteer opportunities.

Outreach at WAFRC is a high art, its systems layered to identify new-to-the-neighborhood families and to connect with those who are isolated. Once a year, the Center canvasses the community with the help of parent volunteers who go door to door gathering information about who lives in each home, and leaving materials about the Center and its programs. Volunteers then make follow-up home visits specifically aimed at isolated families to acquaint them with local services and resources.

In addition to home visiting, volunteers handle the center's library, act as the receptionist, and assist in child care and as group leaders for parent education programs. What began as a program necessity to overcome limited staff has blossomed into a full-fledged, substantive program component involving over 30 percent of the participants. Volunteering has become an intentional means of increasing parents' self-esteem and building both a feeling of neighborhood and a sense of ownership in the program.

Decisions on programming rely on feedback from parents about what they like, don't like, or want, and that information is used in a "learning loop." It is a real strength that the staff can refine and revise the programming as well as redirect their energies. WAFRC's ability to remain flexible allows for change that reflects what is useful and beneficial for parents. □

Throughout the seven cities that make up the Greater Hampton Road area of Virginia, as many as fifteen **Pride in Parenting** (PIP) groups function simultaneously. Unlike the other programs described, PIP is not center-based, but offers its structured parent education programs out in the community. Each one is led by a highly trained, paid facilitator who meets weekly with ten parents and their children for eight sessions to discuss a wide range of topics carefully organized in a standardized curriculum.

Demand for the classes is great, and they are hosted by military family centers, city recreation department sites, health clinics, and churches, for example. The programs depend on outside referral sources to locate potential participants, and the director devotes substantial time to cultivating and maintaining smooth, collaborative relationships which are critical to that process.

Groups are set up by geographic location to make transportation easier and to foster networking among the participants. At the first meeting, parents receive a baby book in which they record information about their child's development and store photos taken during each meeting. Every week, parents are given an age appropriate toy to take home following group discussion on how babies play and learn from it.

Group facilitators call each parent between meetings to remind them of scheduled classes. Parents report these calls stimulate their interest, and facilitators feel the phone contacts contribute significantly to the very high (90 percent) rate of attendance and completion.

The short-term structure of PIP makes it unique in our study. The program is currently assessing its capacity to develop follow-up groups which parents have requested, and there is consideration that lengthier contact could solidify gains made by parents in the eight-week groups. □

Family Services (FS), a traditional clinical intervention organization, recognized a need for early preventive services and formed a separate entity to provide them. Its model relies on intensively trained volunteer perinatal coaches who are available to help first-time parents in Oakland County, Michigan.

Referrals are made primarily by health clinics offering prenatal care; many of the families are considered high risk. Coaches are assigned to interested families beginning with the third trimester of pregnancy, and maintain their contact through the baby's first year. They work with one family at a time, following an established, though flexible format for the number and duration of visits. Coaches visit families at home, give emotional support, provide a wealth of information, and assist families in linking with other community resources. They are a special friend. Parents have said, "I know she cares about me—she visits me and doesn't even get paid."

Initial concerns voiced by professional staff over the advisability of using volunteers to work with high risk families has grown into praise and approval as coaches prove their effectiveness. The ongoing supervision and guidance of professional clinic coordinators helps to assure the volunteers can capably respond to vulnerable families. □

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"Appalachian culture is unique. Very family oriented. Very threatened by outsiders."

Every Monday, in a downtown Newark, Ohio church, a group of women and their children (infants to teens) gather for a full-day program known as **Mothers' Group.**

Initiated in 1976, the program is overseen by the Family Counseling Services. The women who attend are white, low-income parents, most of whom live in public housing projects and have had, at most a high school education. The majority come to the group without goals or aspirations, feeling powerless about themselves and their children. The Mothers' Group program is designed to plant the concept and nurture the idea that they can gain some control over their lives.

The program itself includes the following components: quality child care including a developmental assessment of and an individual plan for each child; structured morning programs for mothers focused on some aspect of child rearing, self-esteem, nutrition, health, homemaking, or relationship building; a group lunchtime preparation and visit between parents and their children; a socializing lunchtime for mothers; and afternoon informal discussions while mothers participate in a craft activity or project.

Mothers' Group meets some very basic needs such as transportation, child care, food, and companionship. No fees are charged except 25–50¢ for meals. Mothers can use the group until they no longer feel a need for it, and most attend for one to three years. What results is a supportive system that truly allows for individual needs and growth, developing into jobs, GEDs, and even college diplomas.

Many young enlisted families are confronted with unusual situations as a consequence of military life. Reassignments mean inevitable dislocation and adaptation for families, and frequently the problems are made more intense by difficult separations when husbands are absent on duty for two weeks to a year. Often distant from their natural support systems for the first time, these families are just beginning to develop their living skills. Their low income circumstances are stretched thin by the expenses of relocation and housing, and though two paycheck income may be the norm for civilian families, wives find few opportunities for employment on the base.

Family support and resource programs can play a crucial role in helping military families cope with these stresses, and the **Armed Forces YMCA** in Hawaii is an outstanding example. Their roster of social outreach efforts, enrichment programs for children, childbirth and parent education support groups, mediation services, workshops, and programs for foreign born spouses is both comprehensive and specific—their goal is to keep these vulnerable families healthy, strong, and together.

A dynamic aspect of the Hawaii program is its ability to draw on the strengths of the community it serves. Peer support is a major factor in the success of programs—one wife helping another in Waiting Wives, home visitors to new mothers who are themselves experienced parents, Playmornings for parents and children that promote socialization, or the Only for Kids group that brings children together in craft projects to build friendships. Military wives who are employed in these programs have a unique, empathetic understanding of the issues, and this type of outreach, peer to peer, has enhanced program participation.

Parents speak animatedly with visitors about what participation in the **AVANCE Educational Programs** means to them and their families, and how they intend to finish their education and break the cycle of housing project life forever. Their powerful "sense of hope" is being realized through a clear understanding of how to use their new skills to move their families up and out.

Over a 15-year period, AVANCE, in San Antonio, has worked to improve the educational outcomes and earning power of low-income families. Targeting Hispanic, third generation public housing parents, AVANCE has developed a highly structured, experiential method of teaching. The basic program format involves fifteen parents in a comprehensive 9-month parent training class that meets once a week for three hours. This block of time includes one hour for making a developmentally appropriate toy, an hour lecture or discussion with the teacher (a former participant), and an hour presentation on community services or a videotape feedback session. An AVANCE worker visits each family at home twice a month, initially to teach parents how to use the toys they made, and again to videotape mother and child playing with the toy.

Two features enhance this distinctive model: first, it provides parents with a variety of ways to learn—by using their hands, listening and discussing in a group or on a one-to-one basis at home, by volunteering in the center's child care setting, practicing with their children, or watching themselves on tape. And second, there are rewards for participating—enjoying a new toy at home, having one's picture hung in the classroom acknowledging good attendance or getting an extra toy for perfect attendance, a huge graduation ceremony, field trips, and family parties.

AVANCE parents have a high rate of course completion, and many return to study for a GED or vocational training.

Originated in 1974, the **Parent Child Education Center of Canton, Ohio,** is located in and supported through the public school district's facility for adult vocational education. Great emphasis is placed on creating an appealing environment for both children and parents. The light, colorfully decorated child care room with classical music playing in the background literally beckons children and parents alike to come in and enjoy it. Across the hall, an equally attractive setting has been created with comfortable furniture arrangements and accessories that set a welcoming tone for parents.

The center combines stimulating preschool and parent-child experiences with supportive educational discussion groups for parents. The unique format of the program integrates the flexibility and parent-directed choices of a drop-in center with curriculum-based guided learning organized thematically in 15-week segments cycled throughout the year.

While parents are encouraged to use the center at least once or twice a week, they are free to determine their own level of participation. Monthly potluck socials and periodic evening workshops for working parents and spouses augment the regular programming.

Currently, the program is facing an exciting yet demanding task of opening three new centers within the school system. The major difficulty is in finding qualified staff who comply with the school district's requirements for certified teachers and who are also capable of performing in the role of family workers. ▫

Emigré families from Central America, lacking funds, language, and housing, have found help and caring at Washington, DC's **Family Place** (FP). Founded in 1981 with the aid of a mission group from Church of the Saviour, FP has used their continued support primarily for women and children from El Salvador who are close to homelessness, without a green card, and, in many cases, pregnant.

Much of FP's work is crisis-oriented as they assist families to meet their most basic needs for food, shelter, and regular income. But the staff has dedicated their creative energies to ensuring the birth of healthy, normal weight babies and finding affordable, transitional housing for the refugees.

Toward that end, FP has close working relationships with neighboring health services for prenatal care; parent groups that discuss birth preparation and what to expect at the hospital; free breakfast and lunch meals for the women and their children; maternity and infant clothes, baby supplies and equipment; and staff who will serve as the mother's birth coach if she has need. Of the ninety FP babies born in 1987-88, all were within normal birth-weight range.

Having a safe, stable home to bring a new baby into is another priority for the FP staff. Given the significant housing barriers the families face, this task is a true challenge. However, with the commitment of the church mission and their friends, FP is able to house families in thirty neighboring apartment units. Families can remain in this sheltered environment for up to nine months, a span of time that often gives them the needed stability and security to bring other pressing family needs under control, in addition to bearing a normal birthweight baby. ▫

In metropolitan Detroit, Michigan, eight **Neighborhood Family Resource Centers** operate in diverse sites, sponsored by a variety of institutional auspices. State funds, administered by Wayne State University's Center for Urban Studies, support the essentially autonomous groups. The program brings six to ten parents and their children together for three hours twice a week throughout the school year. A formal curriculum that includes a broad range of topics is used at all sites, tailored to particular groups.

A light meal is the enjoyable opener for each meeting. Breakfast or lunch is prepared and served jointly by parents and staff as a special time for socializing and solidifying a sense of group belonging. Graciously handled and treated like a mini event, these opportunities also stimulate discussion on food buying, preparation, and nutrition.

Before moving into their adult meeting, parents spend 45 minutes in the playroom with their children, infants through age 5, and the staff. Through the parent-child activities, parents discover ideas for use at home, observe how staff members manage and talk with children, and have a chance to practice new behaviors they have discussed in adult group sessions. Staff view this time as a valuable program piece which allows them to observe the interaction and then offer encouragement and feedback to parents.

Parents make a substantial time commitment in order to participate, and they benefit from repeated opportunities to bring up and re-work issues, and to integrate and incorporate new ideas, skills, and behaviors. Strong bonds are formed by both adults and children, and neighborhood friendships and networks carry over well beyond the group meetings. ▫

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  Carolyn Micklem, Director

All the programs listed are members of the Family Resource Coalition.

Detroit Community Leaders Unite on Prevention Curriculum for Parents

CULTURAL AND SOCIAL CONTEXT ☐
CORE PARENTING SKILLS ☐
CHILD DEVELOPMENT ☐
☐ FAMILY MANAGEMENT
EDUCATION ☐
☐ SPECIAL PROBLEMS
☐ TRAINING

by Barbara Smith

For years research has shown a correlation between family problems in the homes of children and drug and alcohol abuse, criminal activity, teen pregnancy, and school failure later in life. For this reason, Dr. James Sall, Director of the Bureau of Substance Abuse of the City of Detroit Health Department (CDHD), became interested in parent education as a long-range strategy to reduce substance abuse and other social problems. As a result of his interest, CDHD gave the Council on Early Childhood at Wayne State University a four-month grant to develop a citywide parent education and family support program. In this way, the Detroit Family Project began in June 1988.

The initial goal of the project was to develop a parent education curriculum for all families in Detroit, a plan for implementing such a program, and a community-wide coalition in support of parent education. This project was to be specific to the needs of Detroit parents, culturally sensitive to all groups, and appropriate for those with limited reading ability. The curriculum was to include materials for parents, group leaders and their trainers, and cover all the topics about which Detroit parents needed information.

Community leaders in parent education, child development, and family relations were to be involved in the project through a variety of committees. Each committee was to make recommendations for the content and methods of one area of the curriculum as well as the implementation plan. Staff was assigned to recruit and provide support to the committees, write up the committees' recommendations, and develop the curriculum and implementation plan based on these recommendations.

Broad Based Coalition

Approximately seventy community leaders affiliated with social service agencies, public and parochial schools, city and state departments, mental health organizations, churches, the Department of Social Services, the courts, universities, and ethnic organizations were recruited to serve on seven committees. These committees were Child Development; Core Parenting Skills; Cultural and Social Context; Education; Family Management; Special Problems; and Training.

Each participant was expected to attend 3–4 meetings scheduled from late June to early August 1988. Committee members were asked to serve on a volunteer basis; committee chairs were given a stipend for their service. About 90 percent of those contacted agreed to serve, and all were positive about the importance of this project for the community.

The committees generated excellent recommendations with a great deal of significant content. The recommendations for philosophy, methods, and implementation were extremely consistent across all the committees; the content recommendations were specific to each committee and related to the assigned topic.

Recommendations

The key recommendation of all the committees was that the program must respect and appreciate all parents through a positive, nondeficit approach. All committees recommended participatory, experiential learning methods including skill practice and home activities. They also advised using videotapes of Detroit family scenarios as discussion starters.

The recommendations for implementation emphasized the use of small groups in neighborhoods; flexibility in place, schedule, length, and format of these groups to maximize participation; involving the whole family, especially the men in the groups; a major media/PR campaign as well as community outreach to encourage participation; culturally sensitive leadership and materials; non-judgmental, empathetic group leaders; transportation, child care, youth programs, and meals. It was also recommended that the program be offered at no cost, with incentives or rewards for participation.

The final step in the process was to outline and write the curriculum and the implementation plan. Throughout the project, the committees had pushed for a comprehensive, ideal, and inclusive curriculum and program. The end result was a recommendation for seven curriculum manuals for group leaders with accompanying materials for parents: *The Parent as a Person/The Person as a Parent; You and Your Baby; You and Your Toddler; You and Your 3 to 5-Year-Old; You and Your 6 to 8-Year-Old; You and Your 9 to 11-Year-Old; You and Your 12 to 14-Year-Old; and You and Your 15 to 18-Year-Old;* as well as a *Training Manual* for group leaders. Each manual, covering from eight to twenty topics, would include goals and objectives, key information, learning activities, home activities, handouts and worksheets, cultural adaptations for the four major ethnic minorities in Detroit (Afro-American, Arabic, Hispanic, and Native American), a resource list, and suggestions for evaluation.

A Summing Up

Due to the limited contract time and the comprehensive nature of the curriculum recommendations, it was impossible to develop and write the entire curriculum within the four-month period. As an interim solution, the training manual was written while a variety of curriculum materials were reviewed, evaluated, and recommended for each of the other manuals. The implementation plan recommends further curriculum development including a culturally sensitive overlay for each of the four major ethnic groups, concurrent with the start-up of a pilot program. This pilot program would field test group leaders' training and some parent groups before implementing the project throughout the city.

Committee members were universally committed to the concept of a parent education curriculum for the city of Detroit. Consequently, no turf issues arose during the design process and the group was able to reach remarkable consensus. New alliances were formed across service systems, and real coalition grew out of the meetings.

Barbara Smith, Coordinator of the Detroit Family Project, has a Master's degree in applied sociology from Wayne State University and a variety of experiences in cooperative preschool teaching and directing, child care advocacy, parent education and support groups, community organizing, and group facilitation.

The committee recommendations, curriculum outline, and training manual are available now for the cost of copying and postage. To obtain copies, contact Charlene Firestone, who is the director of the Council on Early Childhood, Center for Urban Studies, 242 MacKenzie Hall, Wayne State University, Detroit, MI 48202. She is also a member of the Family Resource Coalition.

The following article has been excerpted from material presented in a very popular session at FRC's recent national conference.

$tone $oup: Fundraising in the Trenches

by Carolyn Micklem

I chose the title "Stone Soup" because it reflects what we often do, which is to produce our wonderful, nourishing programs by starting with stones. You know that story about the soldiers who finally reach a village after a long march through hostile territory? "Oh, thank God," they say, "now we can eat." They go door to door asking for food, but the villagers have had hard years and reply there is barely enough food for their families. Desperate, one soldier who is a good strategist says, "I've got it, let's make stone soup!" He tells the villagers to bring a big stone pot and he'll teach them to make a tasty soup out of stones. Someone brings wood for a fire, then water and a pot, and when it's boiling, the soldier sniffs and says, "It smells so good, wouldn't it be wonderful if we had a piece of meat? One villager offers a small piece of meat, and others bring a few potatoes, carrots, and cabbages. In two hours, a lovely aroma wafts through the village. People come out of their houses and end up having a wonderful party out of this soup made of stones.

As supporters of family resource programs, we somehow have to get people to give meat and potatoes and carrots for *our* pot. By way of introduction, over the past seven years Webster Avenue Family Resource Center (WAFRC) developed a conceptual framework that has worked well for us. We have moved twice, each time into larger quarters, and our staff has grown from two to eleven people. We serve 250 families a year, between 450 and 550 people, a mixed group in a low-income neighborhood.

I'm tackling this fundraising topic because we've had some success at making stone soup, and I'm willing to share the recipe. The first thing you need is a product you believe in, one that you can talk and write about wholeheartedly. Next, you have to have a fundraising plan. It consists of two parts: what you're going to do, and how you're going to get the money to do it. You need to be very clear on the plan and it helps to approach it as the best of business does—by laying out a three-year plan, starting with goals and objectives. Do you hate objectives? Initially, I did, but I have come to respect them because they force you to be really clear about what you intend to make happen.

Once your goals and objectives are fixed, develop the performance plan specifying all the activities that fall under each objective. Next to the activity, indicate who will carry out each one so you can see the implications of this objective for staffing the rest of the program.

Fundraising proposals derive from your program work plans, and the care you take in thinking them through will pay off many times. As we carry out a grant, we go back over these plans again and again to find out exactly what we said we'd do.

Now draft the budget needed to fuel what you say you'll do. Five years ago, we costed out every component of our center. That effort remains a blueprint for tying objectives to work plan to staffing to costs. Also three years ago, we made a chart of our major budget categories, personnel being the largest. We created a form listing each of the major grants, and put the percentage the grant paid in each category: for example, 20 percent of the director's time. This taught us to write the costs of major budget items into a number of grants, always checking to see that we didn't go over 100 percent!

The next step is deciding what to sell to whom. This involves researching local foundations. (My recommendation is to forget national foundations: we've only gotten funds from two, one because a friend sat on the Board, another because we tracked the director to his cornfield.) Libraries have foundation sections and some even have foundation directories. Newspapers are also a good source since foundations issue press releases telling how charitable they've been. Many publish annual reports detailing who and what they've funded and for how much.

Having chosen a funder, make sure you adhere to their format. Most funders need to process your information quickly; if the program material isn't presented in the format they're used to, they may not read it at all. Be clear and concise, and don't promise more than you can deliver. Make an appendix to include things you consider important that they may not have asked for: letters of support, favorable newspaper articles, additional information. File all the ingredients for your proposal soup carefully; standard parts like program descriptions can be recycled.

Selling the Plan

Creating the plan and writing the proposal are two parts of the challenge: marketing it is another. Our experience points to these major ingredients in selling your ideas:

▶You: Your own belief in the program, your enthusiasm, and commitment will carry you through all the weekends spent hammering out the proposals and dealing with the rejections. Don't be afraid to say, "I'm a visionary, that's why I'm doing this work." People give money to people, not pieces of paper. You may intrigue a funder on paper, but when you move in for the sale, it's going to be your credibility and the way you come across that makes the difference.

▶Your Board: If you're very lucky, you can attract members who have knowledge of fundraising, good connections, and enthusiasm for the program. Most programs have enthusiastic people who are willing to help out but lack knowledge and the confidence that goes with it. You must, therefore, be a spark plug, arrange for Board training, and hold their hands while they gain enough experience to become effective. You have to be willing to share power with the Board. You can't control all the sales activity. Failure to gain their participation means a much greater load of responsibility for the total life of your program. And that's called burnout!

▶Connections: People tend to give money to people they know or to whom they have some connection. Since most of us lack entrée to those who control the money, we need the help of people who do. That should be the Board, that can be volunteers, that can be human service and local government personnel who know and respect your program.

▶Good press: There is something about print that conveys authority. Our most successful fundraising appeals have contained favorable current news articles about the Center.

▶Site visits: In our experience, the single most important sales strategy, after connections, is getting a potential funder to visit our program. Your space, the way it looks and feels, will make a big difference.

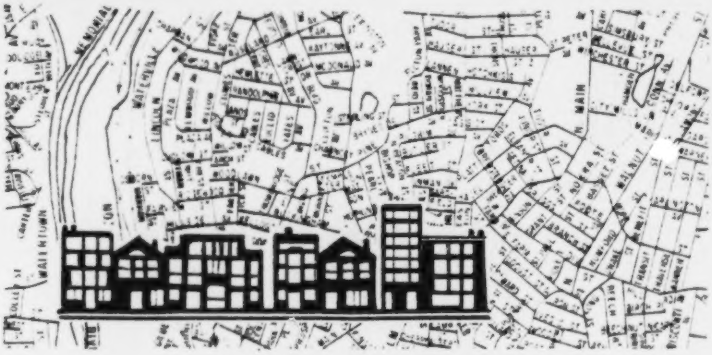
▶Letters of support: Our first forty-page proposal contained twenty pages of support letters from human service providers, city officials, psychiatrists, neighborhood principals, and clergy—people whose judgment was respected. And of course, simple testimonials from parents about how the program makes a difference in their lives can be very powerful.

The role of fundraiser in small family support programs is truly challenging because it is generally carried out by the person who runs the organization. That means we set the tone, supervise the staff, tend to the garbage, do all the networking, and make soup out of stones. As one in that position, I wish you great success and good connections.

Carolyn Micklem is one of the founders of the Webster Avenue Family Resource Center. Mother of three and soon-to-be grandmother, she believes there should be a resource center in every neighborhood! WAFRC is a member of the Family Resource Coalition.

Contact: Carolyn Micklem, Director, Webster Avenue Family Resource Center, 283 Webster Avenue, Rochester, New York 14609, 716/654-8673. Handouts from the original conference session are available.

FRC plans a series of articles on home-based services; this first one gives an overview of home visiting for families in low-income circumstances.



Home Visiting Programs for Low-Income Families

by Barbara Hanna Wasik and Richard N. Roberts

Poverty is a complex social issue associated with a multitude of conditions including unemployment, illness, delinquency, alcohol and drug abuse, single parenthood, high infant mortality, and school failure. At various times in our society reformists have called for an increase in attention to the poor. We heard that call at the end of the nineteenth century in response to the large number of poor families living in urban situations. We saw the attention during the Great Depression, and again in the 1960s under the Great Society.

The home has often been viewed as an appropriate setting for providing services to the poor. One of the earliest pioneers in the field of home care was Florence Nightingale who wrote in 1867, when describing the need to provide nursing care in the home, "Never think that you have done anything effectual in nursing in London till you nurse, not only the sick poor in workhouses, but those at home." (Quoted in Monteiro, 1985)

Possibly the strongest impetus for home visiting for the poor developed in the early 1890s when the U.S. saw an increase in the number of immigrant families and individuals living in congested urban settings. Immigration was associated with many difficulties for children, especially school problems, delinquency, and intergenerational conflict (Levine and Levine, 1970), as well as illness and infectious disease (Buhler-Wilkerson, 1985).

During this time, settlement houses developed in New York, Boston, and Philadelphia to address the needs of the urban poor. Settlement house workers recognized the need for close contact between homes and schools and called on the families of "children who presented special problems of an educational, social, or medical nature" (Levine and Levine, 1970, p. 128). Some of these workers became known as school visitors or visiting teachers and were the forerunners of the school social worker.

At the same time, philanthropists, concerned with the prevalence of illness among the urban poor, hired trained nurses to provide home care and teach families ways to remain healthy (Buhler-Wilkerson, 1985). The same conditions that influenced the development of visiting nurses and teachers also promoted the visiting social worker who was closely connected to both the medical and legal professions and assisted both through casework in the homes of the poor.

During the past few years, we have again seen a greater interest in home-based services. This interest is related to the growing number of children living in poverty as well as increases in child abuse, school dropouts, teenage pregnancies, low birth weight infants, and infant mortality. Increasingly, home visiting is being viewed as a way of alleviating or preventing these concerns by providing, for example, health care and child care information and by enhancing parenting skills. By visiting in the home, one reduces many of the barriers to services, and thus reaches individuals who would not otherwise access services.

Home Visiting Survey

Concern with providing care for the poor at home is substantiated by the results of a recent survey of home visiting programs throughout the country. A significant number of programs identified low income as the most important characteristic of the families they serve (Roberts & Wasik, 1989; Wasik & Roberts, 1989). In this article we will use information from the survey to compare the characteristics of home visiting programs serving low-income families with other home visiting programs.

The survey itself was designed to obtain data that included information on public and private programs; educational, health, and social service programs; child and parent characteristics; coordination of services; credentials for hiring home visitors; their training and supervision; and the priority services provided by programs.

Because no single coordinating group or comprehensive list of home visiting programs in the U.S. existed, we contacted state and federal health, education, and social service agencies, as well as public and private groups for the names of programs providing home visiting to families. A mailing list of over 4,500 programs was ultimately developed, and a survey was sent to each. We received 1,904 completed surveys, for a 48 percent return rate.

In the survey, programs were asked to identify the characteristics that best described the parents in their program. The choices were general population; teenage; single; low income; maltreating (abusive neglectful); immigrant or non-U.S. citizen; drug abuse alcoholism; specific ethnic groups; or parents of physically handicapped or low birthweight children. If a parent group was not included, the program was asked to supply the parent characteristics. (The largest write-in group was parents of developmentally delayed children.) We found that 579 programs identified low income as the most salient characteristic of their parents, while 1,325 programs selected one of the other program characteristics.

In Table 1, data are presented showing the distribution by agency affiliation of those programs reporting low income as the most important characteristic of parents, and all those not identifying low income as the most important parent characteristic. Head Start/Home Start programs make up close to half of the sample reporting home visiting services to low-income families. Public health agencies and public education institutions are also heavily involved, followed by private social service programs.

We then compared programs on child characteristics; these data are shown in Table 2. Programs serving low-income families more frequently served children as 3, 4 or 5-year olds, rather than as infants or toddlers. In other programs, over 40 percent serve the birth to 3-year old group, compared to 19 percent in programs for low income. Summing across all programs primarily focused on low-income families, one sees that only about half of them reach children in infancy, while over 85 percent of other home visiting programs include infants and toddlers.

In looking at child characteristics, also seen in Table 2, children are primarily served in these low-income families because of their economic status or risk of school failure, not because of other specific handicapping conditions. Other programs are more likely to serve children who are abused or neglected or physically handicapped. Data from both programs primarily serving low-income families and other programs showed a similar percentage serving developmentally delayed children.

Programs were also asked to rank order 19 separate family services according to their importance. These services were classified under five headings: coordination/management; direct assistance to parents; psychological support and counseling; parenting; and physical care. Within these broad categories, the programs did not differ significantly from each other. When we looked at individual services, all programs reported a priority on providing parenting skills and enhancing child development in comparison to their other services.

We found, however, that programs working primarily with poverty families were more likely to be involved in coordinating medical services and providing child development diagnostic services, and family and child advocacy. Programs serving other groups were less likely to provide transportation, job training, health care, and nutritional services.

In describing their educational criteria for hiring home visitors, 60 percent of programs serving low-income families reported that they required less than a bachelor's degree for employment; only 25 percent of all other programs reported a minimum educational requirement below the bachelor's level. This difference is most likely related to the philosophy of recruiting home visitors from the target population adopted by many programs serving low-income families.

Summary and Conclusions

Home visiting in the U.S. in the late 1980s has many similarities with its roots in the 1890s. Services for poor families remain a strong priority and the traditional involvement of public education, public health, and social services continues to be strong. Currently, the Head Start/Home Start programs provide almost half of all home visiting services to families where low income is reported as the primary parent characteristic, influencing the fact that many of these families are served when their children are between the ages of 3 and 6.

The existing evidence supporting early intervention for infants and young children from low-income families, however, calls for rethinking of the timing for the initiation of services. We need to reach these families earlier—during pregnancy, at the time of a child's birth, during infancy, and during the child's very early years. These early years are times of stress and vulnerability, especially for the first-time parent. These are also times when the child's development can be enhanced in a way that can prevent later problems. As we implement home visiting programs for children and their families, we need to combine our intervention efforts with strong evaluation components so that we can continue to increase our knowledge about the goals home visiting can best accomplish.

Table 1: Agency Affiliation of Home Visiting Programs Focused Primarily on Low-Income Families in Comparison with Other Programs

		EDUCATION		SOC. SERVICE		HEALTH		HEAD START/ HOME START
		Pri	Pub	Pri	Pub	Pri	Pub	
Programs Low income = Most important parent characteristic	N	27	63	34	21	21	154	259
	%	4.7	10.9	5.9	3.6	3.6	26.6	44.7
Other Programs	N	126	303	254	149	87	365	36
	%	9.5	23.0	19.2	11.3	6.6	27.6	2.7

Table 2: Differences in Child Characteristics for Programs Focused Primarily on Low-Income Families in Comparison with Other Programs

AGE OF CHILD	Pre/Peri Natal	0–3	3–6	6–12	12–18	0–18	Kindergarten–12	0–School Age
Low Income	3.6	18.7	44.7	1.0	0.3	13.1	0.9	14.2
All Other	2.9	40.4	8.3	1.1	1.7	25.6	2.7	16.6

CHILD CHARACTERISTICS	Non-Handicapped	Low Birth Weight	Abuse/Neglect	At Risk for School Failure	Delinquency	Physically Handicapped	Social Behavior	Developmentally Delayed	Other
Low Income	28.0	5.7	5.4	21.6	0.5	5.7	6.7	17.7	5.6
All Other	17.2	7.5	14.6	8.8	0.8	15.9	5.1	17.7	5.5

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Barbara Hanna Wasik, Ph.D., is a professor in the School of Education and is Director of Research Training at the Frank Porter Graham Child Development Center at the University of North Carolina, Chapel Hill. She is one of the directors of Project CARE, a longitudinal early intervention program, and has been co-director for Curriculum in the Infant Health and Development Program, a national collaborative study funded by the Robert Wood Johnson Foundation in which home visiting was part of the intervention program.

Richard N. Roberts is the co-director of the Early Intervention Research Institute and Associate Professor of Psychology at Utah State University, Logan. He has recently been the director of the Center for Development of Early Education, Pre-Kindergarten Education Program, for Kamehameha Schools, Honolulu, Hawaii. He recently authored Family Support in the Home: Home Visiting Programs and P.L. 99-457, *a report of findings of the 1988 conference on Family Support in the Home: Programs, Policies, and Social Change.*

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The Effectiveness of Family Support Programs: Evidence from the Parent Services Project Evaluation

by Alan R. Stein and Molly Haggard

In the past decade, primary prevention has increasingly become a focus for mental health service providers and policy makers intent on finding cost-effective means to curb a crisis in the nation's mental health, educational, and penal systems. Social problems as diverse as family violence, drug abuse, chronic unemployment, and mental illness are seen to have underlying roots in family systems plagued by poverty, high stress, and social isolation. The problems of child abuse and neglect alone have reached crisis proportions with incidence estimates ranging as high as 1.9 million cases per year in the U.S. (Straus, 1980).

Numerous studies have shown that poverty, unemployment, stress, and isolation are antecedents to family violence (Gelardo and Sanford, 1987). Other risk factors include psychological symptoms of the parents, specifically depression, anxiety, hostility, and dependency, as well as previous history of abuse and neglect. Thus, child victims often become adult perpetrators in the cycle of family violence.

Mounting evidence suggests that providing families with much needed social support, especially during the crucial years of a child's early development, is an effective intervention to stop the development of child abuse and neglect (Dunst, et al., 1985; Garbarino, 1987; Germain, 1985; Tracy and Whittaker, 1987). Since early child abuse is correlated with later juvenile delinquency (McCord, 1983), early preventive efforts could also ameliorate later crises in adolescence and adulthood. The old adage, "An ounce of prevention is worth a pound of cure," is certainly true in the context of family dysfunction.

Lisbeth Schorr (1988) calls this pattern in high risk families "the cycle of disadvantage," and reviews the characteristics of successful preventive programs to break this cycle. She says, "the programs that succeed in helping families in the shadows are intensive, comprehensive, and flexible" (Schorr, 1988: 259).

Head Start is one of the founding models of early intervention in high risk families, but Ed Zigler (1986) says that the family resource movement has advanced beyond this deficit model to emphasize family strengths rather than weaknesses. According to Zigler, "The primary goal of all family support programs is the creation of a sense of self-worth within each participant" (1986: 10-11).

The Parent Services Project (PSP) in Fairfax, California is an innovative program which exhibits Schorr's characteristics and operates with a primary goal of developing parent self-esteem and empowerment. PSP is a social support program serving a culturally diverse group of low-income parents with children in state-funded child care centers in three counties in the San Francisco Bay area. PSP's philosophy is that healthy parents rear healthy children. Therefore, if parents can be helped to develop their own potential as healthy human beings, they will create a better developmental environment for their children.

PSP achieves its primary goals by providing supportive services to parents in a child care setting. Activities are planned and implemented by the parents and staff. They range from family outings and parent-only social events to educational and cultural events to respite and sick child care. Parent empowerment is developed through parent leadership and "ownership" of the program.

Rigorous Evaluative Efforts are Critical for Sustaining Preventive Programs and Proving Their Effectiveness

PSP, like many family support programs, is dependent on time limited grants from the private sector, and is currently funded by the Marin Community Foundation and the Zellerbach Family Fund. Public sector funds would provide more stable financing for such programs, but securing these scarce funds has proven a very difficult task. Legislators and policy makers have been reluctant to provide public funding without objective evaluations that prove preventive programs really work and are cost-effective. Objective evaluations of family resource programs, therefore, are crucial to secure funding and improve program development.

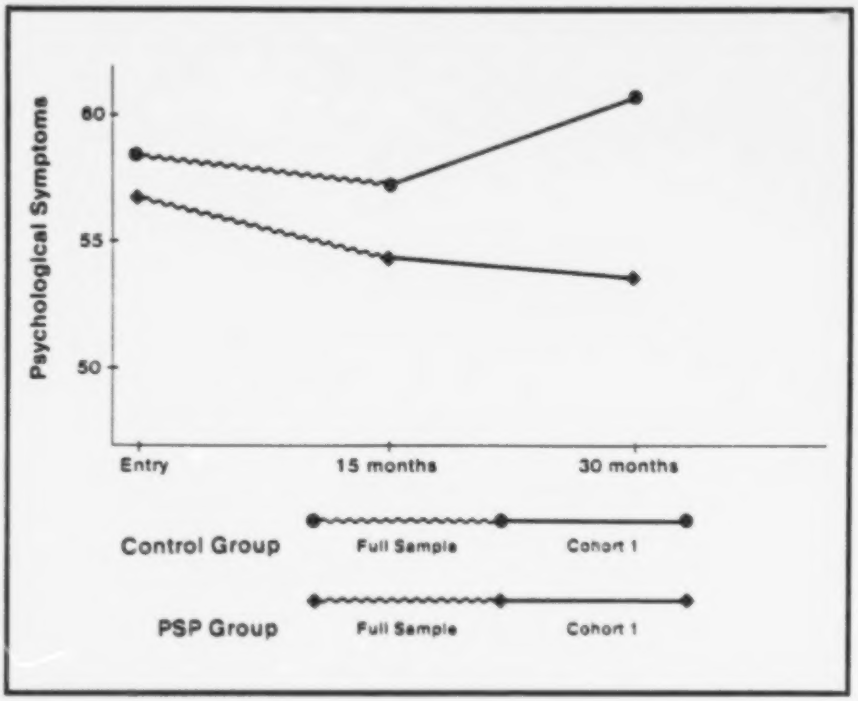
Because funding is so scarce, evaluations of family support programs usually consist of summarizing service utilization records and devising simple assessments of client satisfaction with services (Weiss and Hite, 1986). Outcome evaluations guided by analytic theory are rare.

For this reason, the Parent Services Project Evaluation is unique. Funded by grants from the San Francisco Foundation and Marin Community Foundation, it is an outcome evaluation that bridges the gap between analytical and applied research in the field of social support. As a prospective study, it evaluates the impact of the PSP program on parents' lives over time. Because of its experimental design, the PSP Evaluation is able to assess the impact of the PSP program while controlling for other variables such as culture and time, which also have important effects on psychological outcomes. Finally, because of its scope, the PSP Evaluation substantially contributes to the analytical literature on social support.

Hypothesis Testing in PSP Evaluation

PSP provides supportive activities to parents based on the stress-buffer model of social support. This theory basically states that stress makes people vulnerable to the development of psychological symptoms. Social support buffers this stress by helping people to cope and adapt, thereby reducing symptom development. This model suggests that social support is most beneficial when stress levels are high. Thus, it is an excellent model to use with high-risk groups such as low-income parents who tend to be very stressed and socially isolated.

The PSP Evaluation is testing this model by studying parents as they go through the PSP program and comparing them with a matched control group of low-income parents from other state-funded child care centers. Our full sample of parents (N=255) were administered questionnaires when their children entered the centers and then again fifteen months later. A smaller group of these parents (which we call Cohort 1; N=70) was followed up with a third interview fifteen months later when most children had graduated from the centers. Measures of social support, stress, and symptom levels were obtained at each time period.



The PSP Evaluation found that indeed, PSP parents constituted a high-risk group for the development of psychological symptoms and family dysfunction at the time of their entry into the program. Because of their initial high stress and low social support scores, we were not surprised to find that both PSP and the control groups were demonstrating high levels of symptoms at the time of the first interview. As can be seen in the graph, both groups scored well above 55 on the Global Symptom Index (GSI) of the Brief Symptom Inventory. Since the average score for the non-patient adult population is standardized at 50, and a score of 64 represents a diagnosable psychiatric case, these scores demonstrate high risk. Thus, the first assumption behind the PSP model—that the target group was at high risk for symptom development—was confirmed.

By the second interview, the PSP parents showed significant reductions in stress and symptom levels, even though their informal social support networks also decreased in size. The control parents, however, lost even more people from their support networks during this initial period, and demonstrated only slight reductions in stress and symptoms. The fact that the control parents had slight reductions in symptoms even with large losses of social support attests to the fact that access to child care itself is a crucial support to parents, which can reduce symptoms in the short term. The significant symptom reductions demonstrated by the PSP group, however, can only be attributed to the increased levels of support provided by the PSP program itself. PSP has proven to have significant positive effects on the lives of the parents in the short term.

In the long term, PSP's impact is even greater. This is demonstrated by the stabilization and prevention of further symptom development in the PSP group during the last fifteen months of the study. (This is the smaller group labeled "Cohort 1" in the graph.) The control group lost all of the short-term benefits provided by access to child care arrangements and increased dramatically in symptoms during the final phase of the study. Control parents also lost much of their support and increased in stress during this period, while the PSP group had very slight reductions in stress and support.

> *Given the positive relationships that have been found in numerous studies between depression, anxiety, hostility, and child abuse, the beneficial effects of PSP may extend well into the next generation.*

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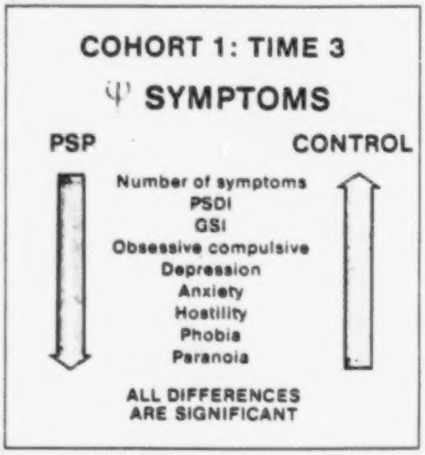
Continued from p 11

When the symptom dimension scores are examined in the Cohort 1 group over the 30-month interval of the study (see chart labeled "Cohort 1: Time 3"), these results are even more impressive. The PSP group decreased, while the control group increased on the three global scores and all of the nine symptom dimensions of the Brief Symptom Inventory. Significant differences were found in the number of symptoms reported, and the distress experienced from each symptom (PSDI), as well as the Global Symptom Index (GSI). In addition, the differences between the PSP and control groups were significant on the symptom dimensions of depression, anxiety, hostility, phobia, paranoia, and obsessive-compulsive behavior. Given the positive relationships that have been found in numerous studies (Gelardo and Sanford, 1987) between depression, anxiety, hostility, and child abuse, the beneficial effects of PSP may extend well into the next generation.



The stress, support, and symptom patterns of parents in the control group fit the stress-buffer model; i.e., high stress and low support are shown to increase symptoms. The PSP group deviates from the stress-buffer model only because PSP provided the crucial support lacking in the parents' own social support networks. In other words, PSP augmented the support networks of these parents, thus preventing a significant increase in symptoms.

The fact that the social support networks of both groups decreased in size, however, is problematic. While a tightening of the network indicates that parents rely more on their family members and close friends for support, decreasing the breadth of the network may have detrimental effects in the long term. For example, family members may add more stress than support in the lives of parents. This is especially true for women, in their multiple family roles, who are often relied upon to meet most of the emotional needs of their families (Coyne and DeLongis, 1986; Dressler, 1985). Further, families may not be able to give all the types of support that a parent needs, particularly if financial support is required of families already in poverty circumstances.

For this reason, family support programs should be careful to ensure continuity of support prior to the time parents leave the program. By facilitating the development of self-help groups among alumni parents and training them in the social skills necessary to augment their own networks, parents can capitalize on the benefits provided by family resource programs.

Another consideration in evaluating a program is determining whether it is cost effective. That is, does spending money on a primary prevention program such as PSP save money in the long term? Paul Harder (1985) conducted a cost/benefit analysis of the PSP program to determine the potential savings if the state of California funded PSP programs on a state-wide level. In his estimates, PSP programs could have a net annual saving, in 1985 dollars, of $400 per family served. This figure is based on the minimal cost per family in the PSP program—$215—and the amount of $615, estimated to be what the state would have to spend in welfare, social services, and judicial and penal costs if family dysfunctions such as child and spouse abuse, emotional stress, physical illness, substance abuse, and child-care related unemployment were not prevented by programs like PSP.

Conclusion

The findings of this evaluation in conjunction with the Paul Harder study demonstrate that PSP is both cost-effective and beneficial to public health. PSP is effective in reducing parents' symptom levels in the short-term and preventing symptom development on a longer term basis. This symptom reduction promotes the development of parent empowerment and healthy family functioning, both crucial to the healthy development of children. Those children who have the benefit of such an environment, especially during their preschool years, are more likely to develop into healthy adults and parents themselves.

Thus, family resource programs like PSP have the potential of breaking the cycle of family violence and dysfunction so prevalent in this society, and creating positive outcomes for future generations. Whether this potential will be realized depends on the extent to which social support levels can be maintained by parents after they leave the PSP program. Future research on the children, and perhaps even the grandchildren of PSP parents may determine the final outcome of the Parent Services Project.

The extent to which programs like PSP will have a major social impact depends on whether they are funded and implemented on a national scale as a comprehensive prevention strategy. Policy makers at the local, state, and national levels have a choice: will they invest now in relatively inexpensive prevention programs that in Schorr's words "break the cycle of disadvantage," or will they continue to pay the "high cost of rotten outcomes"?

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Molly Haggard has an M.A. in sociology from the University of California at Berkeley with a specialization in personality and social structure, and a strong background in applied quantitative methods.

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Copies of the complete report of the Parent Services Project Evaluation are available from: Parent Services Project, Inc., Dissemination Office, Fairfax/San Anselmo Children's Center, 199 Porteus, Fairfax, CA 94965, Attn: Kathy Burlew.

All About BANANAS

by Betty Cohen

Whatever the question—when local parents feel they are going "bananas" and need either child rearing or child caring assistance, or support to find and create solutions to their family concerns—they can call BANANAS. BANANAS provides free, comprehensive information, referral, and support services to parents and child care providers in northern Alameda County, California. This heavily populated, diverse urban area includes the cities of Alameda, Albany, Berkeley, Emeryville, Piedmont, and Oakland.

BANANAS' staff has responded to the needs of families since 1973 when we answered a few calls each week at our desk in the Berkeley YWCA. Last month, we received over 4,000 calls from people asking for information on anything and everything related to children and families! More than 200,000 calls have come in over the past five years.

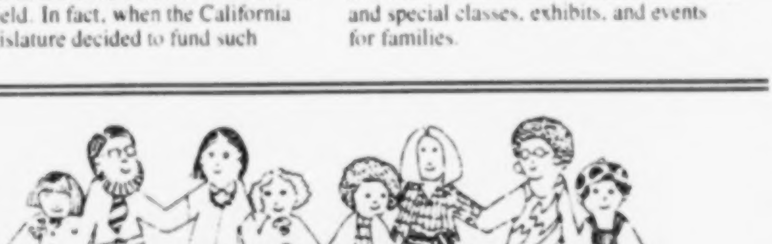
Our organization was founded by women who believed that parents could and should be the real experts when it came to rearing their children. We also believed that if we could provide parents with supportive, nonjudgmental information, they would make good decisions. This was an innovative approach in the early 1970s when parenting was less "in" and family life was still fairly conventional (at least in the press). Ten women with young children volunteered their time for the first 2½ years. We linked families with one another to form cooperative child care arrangements, all the while keeping track of the political and legislative climate. As the economy changed, and more and more families needed other types of child care, we expanded our resources to include all available options.

Our first grant came from the San Francisco Foundation, and we quickly became a forerunner in the child care information and referral field. In fact, when the California State Legislature decided to fund such services in 1976, BANANAS was used as one of three models in the state. There are currently 72 other child care resource and referral services throughout California—the first state to recognize the cost-effectiveness of these services as part of the child care delivery system. BANANAS also receives operating funds from United Way of the Bay Area, private foundations, local government, and individual donations.

Matching Parent Needs with Service Solutions

Resource and referral services ideally are able to connect local child care and family-serving systems with parents who have need for them. They can also give immediate, up-to-date information to policymakers about what gaps exist in service delivery and what changes are occurring in family needs. For instance, years before *Kramer vs. Kramer*, BANANAS was documenting a dramatic increase in single father households simply by noting the numbers of calls from fathers who had custody of their children. This awareness led us to offer special events and support groups aimed at such parents.

In addition to providing parents with referrals to a variety of child care options (family day care, center-based care, cooperatives, shared babysitters, one-family only child care providers, exchanges, and playgroups), BANANAS has a number of other services for parents and providers. Our offerings include workshops, discussion groups, classes, and support groups for parents; training for child care providers in start-up, funding, and licensing; a pre-crisis warmline for health and child development questions from parents and providers; legislative information and advocacy; an infant's and children's clothing and equipment exchange; and information on local children's services and special classes, exhibits, and events for families.



BANANAS publishes a variety of free handouts on parenting and child care topics as well as numerous for-sale publications; our bi-monthly newsletter is sent to over 9,000 families.

Also, we are funded to help eligible low-income parents pay for their children's care while the parents are in training, in school, looking for a job, or working. Parents in this system choose the child care they want from among the licensed child care options. Governments (city, county, or state) provide funds to organizations like BANANAS who pay child care providers directly for their services. This type of subsidized child care is called an Alternative Payment Program in California. In addition, we administer a Respite Program which gives short-term, small grants to parents who need emergency assistance.

BANANAS always tries to play a role in the expansion of child care services by offering a variety of technical assistance to new and growing programs. For the past three years, through a grant from the Bank of America Foundation's Child Care Initiative Project, we have recruited new family day care providers in areas of our service territory where child care is in short supply. In addition, we have developed materials for parents and for child care providers in Spanish, Chinese, Vietnamese, and Laotian. One special grant from the Junior League of Oakland, East Bay, Inc. funds our staff to develop new handouts on parenting issues (such as "Dealing with Ones and Twos") and some child caring handouts (on "Child Care Issues for Expectant and First-Time Parents" and "Suggestions on Hiring Limited-English Speaking Babysitters"). We also offer a health training videotape for child care providers called *Health Child Care: Is it Really Magic?* (available for $49.95 from our office).

The staff at BANANAS tries to answer questions and write handouts on topics requested by our varied constituency. For more information on our services, please write or call our office; send a self-addressed, stamped envelope for our Publication List. BANANAS, 6501 Telegraph Avenue, Oakland, CA 94609, 415/658-7101.

Betty Cohen, Executive Director of BANANAS, has an M.S.W. and operates the Warmline for parents and child care providers who call to discuss their child development concerns.

BANANAS is a member of the Family Resource Coalition.

The Corporation as a Family Resource

by Dana E. Friedman

The family is in this year. I guess it's part of a kinder, gentler nation. Not only is there more government attention to families, but companies have become intrigued as the family changes and thus alters the composition and needs of the labor force. Largely due to a decline in birth rates and the aging of the baby boomers, the labor pool is shrinking. This means that economic growth cannot come from merely hiring more people, as U.S. companies did in the past. Growth will come more from getting the most out of the people hired, and therefore companies must be in sync with the needs and expectations of today's workers in order to know how to recruit and retain a productive work force.

The recruitment efforts, benefit plans, work schedules, and productivity incentives designed for a male breadwinner will not achieve the same objectives with today's workers. More of them will be women and minorities with a different set of needs that, if unmet, will prevent them from working productively.

A Boston University School of Social Work study found that married mothers spend eighty-five hours per week on work, household chores, and child care. That's more than two full-time jobs! How can companies expect these women to work in the same way, under the same conditions as the married father who has a wife taking care of home and hearth?

Despite several compelling reasons for a change in corporate strategy, most companies still believe in the need to keep work and family issues separate. Rosabeth Moss Kanter of Harvard Business School said that capitalism treats the workers "as if" they had no family, and workers may have reason to act "as if" there were no workplace.

The denial of family considerations at the workplace is selective, however. For years, unions were able to bargain for a "family wage," and basic benefits sought to protect the solvency and future of the family. Being a "family man" was—and still is—a sign of security, stability, and promotability. However, corporations don't think of women as needing a family wage, or that "family women" are promotable. But "family" is an issue in family-owned businesses, and there is still the notion of the "corporate family" (although the traditional corporate family is a dying breed).

Another important change relates to the corporate response to various kinds of family needs. Although rarely publicized, companies have always been supportive when employees face disasters and emergencies. They rarely question the need for time off when someone has a heart attack, or when a family member has been in an accident. Employees today, however, are asking for consideration for their day-to-day family hassles. It appears that while corporations may be unsung heroes for the tragedies of life, they are loathe to address the daily drudgeries of life.

There are many obstacles to creating a more family-supportive workplace. Economic constraints created by escalating health care costs make companies reluctant to augment their benefits package. Many firms now favor hiring contingent workers—or "disposable workers" as a *Los Angeles Times* reporter calls them—who provide temporary, leased, or part-time work without benefits. Smaller firms balk at state regulations that increase the cost of providing benefits and choose to offer none.

Attitudinal constraints pertain largely to senior decision-makers who have not, generally, experienced work-family conflict. They have created a corporate culture that is not conducive to expressing work and family concerns. Without employee input or personal experience, corporate executives remain ignorant of family problems and their impact.

It may be that demographics, labor shortages, and the threat of government mandates are sufficient to overcome these economic and attitudinal obstacles. As companies rethink the strategic plan for their human resources, the family will be a cornerstone of their analysis. They will consider a range of family-supportive policies, programs, corporate contributions, and endorsements. They will eventually come to understand that the corporate culture must change if employees are to feel comfortable taking advantage of the new policies and programs offered.

Several cultural myths must first be debunked.

Myth: It's business as usual. There is no such thing as business as usual anymore since the business environment changes from day to day. If not mergers and acquisitions, it's layoffs, downsizing, or restructuring. There might even be a new CEO who changes the way the company is run. Technology itself demands that the workplace remain flexible.

Myth: Keep your personal problems at home. This was possible as long as someone was at home. Now forty-six percent of the work force is comprised of dual-earning or single parents. Managers are struggling with a way to accommodate employees' personal problems, and also keep people working efficiently and productively. This dilemma relates to the next myth that needs exploring.

Myth: Give them an inch and they will take a mile. The presumption is that if the company allows a little more time off for family reasons, for instance, employees will abuse the privilege and take leave whether they have a family need or not. Research indicates that an accommodating employer is likely to be paid back with loyalty and higher productivity because the employee is so grateful for the flexibility and trust.

Myth: Fair means the same. Companies are very concerned about equity among workers, but they must realize that a diverse workforce cannot adjust to a one-size-fits-all benefits package. Therefore, there will be

BALANCING A JOB AND A FAMILY IS NOT THE HARDEST THING TO ACHIEVE. IT'S SECOND.
(RIGHT AFTER WORLD PEACE.)

© Recycled Paper Products, Inc.   Original design by Barbara and Jim Dale, reprinted by permissic differences in the forms of compensation that employees get, and if one employee does not receive the same benefit as another, it is not considered unfair or inequitable.

The natural by-product of flexibility is discretion. If companies are developing broad policies that provide leeway for the supervisor, the effects of supervisor attitudes and sensitivity to work and family issues will greatly influence the work-family balance for employees. The feedback from employee surveys indicates that they want supervisors to be more sensitive to their family problems and requests for assistance and support. The most progressive firms in the nation are beginning to offer supervisory training as a way to change their cultures and create an environment that is truly supportive of families.

How Most Companies Respond to Family Needs

Most of the growth in corporate activity regarding family needs is in the revision of existing policies and the development of new services and benefits. About 4,000 companies offer some form of child care support and about 200 firms have addressed elder care. Despite media coverage that would suggest otherwise, the on-site day care center is less popular than other options. About 900 of the 4,000 employers offering child care support do so by creating a child care center. Two-thirds of these are sponsored by hospitals, 100 by government agencies, and the remaining 200 have been initiated by corporations. A handful of companies have responded to the need for other services such as family day care, after-school care,and infant care.

Companies also provide financial assistance to help their employees afford these services. The most prevalent form of employer support for child care is a financing option called flexible benefits. By including a dependent care option in a flexible benefits plan, companies enable their employees to use pre-tax dollars to purchase child care and elder care services. Other forms of financing include vouchers, discounts at local services, and long-term care insurance for elderly relatives.

Flexibility in scheduling is also offered by companies to accommodate family needs. Flextime, job sharing, and work-at-home options are slowly growing. Parental leave policies are under scrutiny to include fathers and adoptive parents. Other leave is being considered for aging relatives and spouses.

The most innovative responses from companies come in the form of providing information. They are helping their employees reduce stress and find the care they need through support of resource and referral services, counseling programs, expanded employee assistance programs, worksite seminars on a range of family issues, in-house resource libraries, employee support groups, caregiver fairs, and handbooks and hotlines that provide general information about problems or needs.

Supporting Change

There is a very critical role that agencies offering family supportive counseling and resources can have in helping companies address family needs. Outlined below are several ways to market your services to business while providing assistance to working families.

Make your services relevant. Just as companies need an education about community services and the way they work, so do service providers need to understand the corporation. Preliminary research is critical in order to assess the business community and the ways in which your services could help them. An important place to start would be the employee assistance program and how it is structured (in-house or contracted out). EAPs are just beginning to expand beyond alcohol and drug abuse counseling to include family counseling. You could be helpful in the design of this expansion or in providing services directly on contract.

The on-site resource library is becoming popular. A recommended list of publications and local resources presented in a self-contained kit would be useful in the creation of this library. You could create a mobile resource unit with costs shared by several companies, or organize a caregiver fair at a company's worksite. You have substantive expertise that can be invaluable to the design of seminars, support groups, handbooks, videos, and other educational efforts related to family well-being and support services.

Actively market your services. The world of social services is foreign to most corporate decision-makers. They rarely know how to access services, and consequently know less about evaluating them. It is up to you to do that for them. This can take two forms. One is to market your agency's services by creating promotional material and sending it to directors of human resources in local firms. You can get yourself invited to give a one-hour presentation to a work-family task force or labor-management committee focused on family issues. You could make a 10-minute video about your services and send it to companies as a way of introduction. You can ask the current users of your services to help you get a foot in the door at their place of employment.

Alternatively, you can market your services along with other agencies in the community. Rather than compete with one another, jointly produce a marketing strategy and allow companies to invite whomever they choose to the workplace. If you have a network, use it. You may get some joint projects that will further strengthen your collective effectiveness. Or you can help a company sort through the maze of services by creating a directory of local resources (which should include a glossary of terms).

Continue the education process. Although there is movement in the business community toward providing a more family supportive work environment, the majority of companies have yet to respond. After ten years of advocacy, we are still in an education phase, and will be for quite some time. The reason for this is that the biggest obstacle to increased company support to families is attitudes. Cost plays a role, but that affects more what they do than whether they do anything at all. Your job, as someone knowledgeable about the stresses facing workers with family responsibilities, is to help them understand the range of needs and the various ways they can accommodate the changes facing families and the labor force. This would require less direct marketing than the development of educational materials and conferences on the status of families in your community. They call this the soft sell.

Invite companies into public policy debates. Companies are beginning to realize that their employees are not only affected by work policies, but also by policies made in Washington, DC. They have also learned that what companies can and cannot do in response to family needs often depends on government mandates or government support to community services. The greatest contribution a company can make to improving family supports is to share their insights into the needs of working families at a Congressional hearing. By sharing the results of a community needs assessment they conducted to determine company policy, a company can provide a much-needed planning function for community services.

It is often up to community agencies to help companies see the value of participating in public policy debates. Even if they don't actively participate, you can advance their education in the process. After all, who is better prepared to help companies realize what an important family resource they can be?

Dana Friedman is creating a national, non-profit organization with Ellen Galinsky, an FRC Board member, called the Families and Work Institute. This entity will conduct research on business, government, and community efforts to help people balance their work and family lives. Dr. Friedman previously spent six years at The Conference Board in New York where she initiated the Work and Family Information Center. She has been a Washington lobbyist for child care and children's issues, has written and been published widely on matters related to working families and their employers, and acted as a social policy advisor to a variety of national and state level task forces, commissions, and councils.

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◀ Further work by Barbara and Jim Dale can be found in *The Working Woman Book* (1985) and *The Joys of Motherhood* (1987), published by Andrews and McMeel, Kansas City, MO

Selling Motherhood and Apple Pie:

Marketing Parenting Seminars

by Mary E. Longe and Bonnie Michaels

Today's parents know there is more to child rearing than on-the-job training and frantic flips through Dr. Spock's revised edition. They are willing to invest time and effort to attend seminars, workshops, and classes to improve their parenting skills. Both moms and dads are eager to learn how they can cope with work and family.

It is no secret either that we expect a labor shortage, and savvy companies are preparing for recruitment nightmares. They recognize that by helping employees manage work and family, they can attract and retain a quality workforce. Employees who are satisfied with their parenting skills have higher morale and less absenteeism and tardiness, which results in increased productivity. All of this translates to opportunities for marketing parenting seminars and groups to businesses concerned with the well-being of their employees.

In promoting our own Managing Work and Family, Inc. seminars, we have found that the marketing process requires careful planning, creativity, tenacity, and energy. Energy, in the form of enthusiasm, is infectious. If you believe in what you have to sell, you can turn a skeptical contact into an excited and appreciative buyer.

Marketing Strategies

Marketing is more than selling. It is pricing, publicity, positioning, and understanding the niche your product or service fills. Before you make any sales pitch, know exactly what the benefits will be to the buyer and to those who participate; then seek out companies that could profit from your expertise. Keep tuned to the economics and demographics of the area you intend to target. Regularly reading the business pages of your local newspaper can help you keep up to date and find leads.

Here are a few questions to ask yourself as you plan your marketing strategy:

- What is the seminar about and who is it for? Describe the potential audiences culturally, economically, educationally. Where do they work, live, play? The more accurately you define the audiences, the easier it will be to target your presentations.
- Why might someone not want this seminar? Is it too expensive, too long, inappropriate, or similar to something already available? How can these obstacles be overcome? If there is competition, how do the fees and products compare?
- Why should a company choose your seminar over a similar one?

There are many effective strategies for creating awareness about family-oriented seminars:

- Place articles in newspapers, magazines, trade journals, and newsletters.
- Speak at conventions, Kiwanis-type civic service club meetings, or offer your expertise for radio and TV talk shows.
- Get to know people in the news media who cover topics that can help you gain recognition (e.g., health, education, social services, and business).
- Create your own news with interesting, one-page news releases. Media mailing labels are often available from state capitol communication centers at minimal cost.
- Get attention with high quality direct mail. Attractive brochures, personalized letters, calendars, etc., can be produced inexpensively.
- Exhibit at professional meetings and conferences.

Once you have established credentials in the area of parenting, managing work and family, or whatever you choose, you will be in a better position to sell your services.

Making the Sale

Before setting forth to sell to corporate America, stop at the library and learn all you can about the company you intend to approach. Read their annual report. Get a feel for the corporate culture. Talk to a secretary and identify who has the decision-making power for giving the go-ahead to your seminar. Then call for an appointment.

This may be your only chance to sell this organization on your seminar, so be prepared. Have clear descriptions of each workshop written from a businessperson's perspective. Use expressions they will recognize. All professions have buzzwords; learn a few that are applicable.

Show examples of your work, neatly displayed and presented in a logical sequence. Include sample evaluation sheets or testimonials. Leave these and any other pertinent materials with your business card.

Ask questions, listen carefully to the answers, and then relate what you have to sell to what the organization needs.

Inexperienced salespersons can neglect to ask for the sale. Don't be afraid to say, "When would you like to have this seminar presented?"

Learning from Rejection

If you're rejected, don't take it personally. It is the product, not you, being turned down. You need to retain an upbeat attitude to make a sales pitch to the next prospective client.

Be sure to ask the reason for the rejection, and probe until you are satisfied with the answer. Use whatever information you gain to improve your product.

If you sense an interest but do not get a commitment, suggest a pilot program or condensed version. This can lead to an assignment later.

Before leaving the interview, ask for the names of others who might be interested in your seminar.

Be patient. Success does not come overnight. Corporations can take weeks to make a decision, and the more people involved, the longer the decision takes.

Keeping Notes

You may have to try many different marketing approaches to sell your product. Keeping careful records of your efforts will indicate what does and does not work. Keep track of all the groups you talk to, their reactions, and questions. Note the hoops you jumped through to reach the person with the decision-making power.

Assess response to your mailings. Document what type of company responded, which department the respondent was in (personnel, human resources, corporate communications), and what questions they asked. Use this information to better focus your next marketing attempt.

When orders come rolling in and business is good, you may be tempted to push marketing efforts aside. DON'T. If you let up, stop making calls, send out fewer mailings, you will soon notice that the telephone is silent and the mailbox is empty.

Mary E. Longe and Bonnie Michaels are partners in Managing Work and Family, Inc., a management consulting firm marketing products and services that promote loyalty and productivity among employees with family responsibilities. Out of their combined experience in management, education, and health care, they created the Employee Health and Family Resource Library, a fully packaged, specialized collection of books and videos for hospitals and businesses.

Contact: Managing Work and Family, Inc., 912 Crain Street, Evanston, IL 60202, 312 864-0916.

Congress Enacts Welfare Reform

by Mary Brandon

On October 13, 1988, President Reagan signed a major new federal initiative, the Family Support Act of 1988 (P.L. 100-485), which makes sweeping changes in the current welfare system.

This article reviews the major features of this new law, key implementation issues, and briefly discusses the process role that family support advocates can play in the development of state welfare programs.

Background

For the past twenty years, members of Congress have wrestled unsuccessfully with revamping the nation's welfare system, an effort sorely needed in the face of evidence that much of the current system is harmful to families. Congressional liberals and conservatives reached rare concensus on the need for a bill to reduce poor families' dependency on welfare. They split, however, over how to accomplish this task. Conservatives cited current welfare employment disincentives which discourage efforts toward family self-sufficiency, and insisted on provisions requiring states to enroll set percentages of participants in employment programs. Liberals pushed for mandatory coverage for poor two-parent families, expanded childcare and health benefits, and argued for an increase in the miserably low benefit levels. Not everyone, of course, is happy with the result.

Nonetheless, both presidential campaigns, recent state welfare reform initiatives, and the press, in providing renewed attention to the plight of poor families, were important players in pushing Congressional negotiators to shape an acceptable bill. Senator Daniel Patrick Moynihan (D-NY), a long-time advocate for welfare reform, was the bill's chief architect and negotiator.

A brief look at the welfare population will help answer the question, who does the bill intend to help? Welfare recipients, as family support advocates know, are not a homogeneous group. In 1986, the nation's principal welfare program, Aid to Families with Dependent Children (AFDC), served eleven million people, almost four million families with nearly seven million children (sixty percent of whom are under six years of age). Ninety percent of the adults receiving AFDC are women who are increasingly young and single. Although nearly one-third leave the welfare rolls within one year, more than one-quarter of the adult recipients have been on welfare for over five years.

Moynihan's Family Support Act of 1988 targets those families most likely to stay for years on the welfare rolls, and thereby forces states to develop ways to increase these families' self-sufficiency. Thus, one critical component of the law mandates states to spend at least fifty-five percent of their welfare money on families who have been on welfare at least thirty-six out of the preceding sixty months.

Provisions

The central provision requires states to develop programs which will mandate welfare recipients with children as young as three to participate in education, training, and employment programs to the "extent resources permit." In addition, states also have the option of requiring parents with children as young as one year old to participate. Such measures are intended, in part, to move welfare recipients off the rolls before they become long-term dependents.

Employment and Training

By October 1, 1990, each state must establish and operate a welfare-to-work program—Job Opportunities and Basic Skill Training Program (JOBS). States must also provide a broad range of education and training to help welfare recipients as they move toward self-sufficiency. For example, parents under twenty-five who have not completed their high school education will be allowed to pursue this in lieu of the work requirement. The movement of welfare recipients into the JOBS program will be gradual. By 1990, states are required to enroll seven percent of their welfare recipients in education and training programs; twenty percent must enroll by 1995.

Support Services

To help in the transition to work, parents are assured of twelve months of continued Medicaid eligibility for their families once they are employed, and twelve months of day care assistance (lack of adequate child care constitutes good cause for exempting a state from participating in the program). Many of the child care provisions are positive in outline, and create new opportunities for advocates. Parents will also be reimbursed for transportation expenses.

Child Support

Congress has long recognized that the federal government must help states ensure that parents, overwhelmingly fathers, support their children. This provision underscores a key welfare reform theme—to secure parental responsibility. The law also requires employers to automatically deduct child support payments from the paycheck of an absent parent, even if the parent is not behind on support payments.

AFDC-UP

Under the existing welfare system, twenty-three states deny benefits to two-parent families. The new Act extends welfare benefits to these families and requires at least one parent in such a family (which is about five percent of all welfare families) to perform at least sixteen hours of community service each week. This modified work force provision will be phased in starting in 1994.

Teen Parent Options

States have the option to deny welfare benefits to minor parents under eighteen unless they live with a parent, legal guardian, or in some adult-supervised, supportive living arrangement. The assistance would then be paid to the minor parent's parent or guardian. There are exemptions to this provision, including cases in which staying at home places the young parent at risk.

Federal draft regulations, which will more clearly spell out parameters to guide welfare reform, may be issued by the Department of Health and Human Services (HHS) as early as Spring 1989 for public comment. The legislation authorizes $3.34 billion to carry out the program for the first five years, although Congress has not yet appropriated any money.

Implications for Advocates

Advocates know that successful initiatives are implemented slowly, beginning with voluntary participation and careful attention to multiple, interconnected needs of poor families, especially poor teens with children. We know that poor parents desire to support and nurture their children, and that the way in which health, job, education, and child care programs are built will determine how well these programs will support poor families as they try to move from welfare dependency.

Almost every provision in this new law has enough qualifications to leave the critical implementation decisions to the states. In the coming months, states will be developing and submitting plans to HHS on different parts of the Act, and family support advocates have a role to play in helping state agencies shape their response to these new opportunities. In such areas as day care quality, method of payment, licensing, literacy training, and education and employment requirements, family support advocates who work with welfare families can bring concrete information about poor families' needs to the varied advisory councils and task forces that are forming now in many states.

As Senator Moynihan has pointed out, welfare policy is, in important ways, family policy since it influences family formation, family stability, and family sufficiency. By helping to mold a humane state response to the new law, we can help to make the Family Support Act more truly support our country's poor families.

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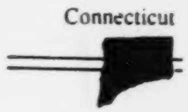
New State Initiatives for Family Support and Education Programs: Challenges and Opportunities



Part Two

by Heather B. Weiss

The first of this two-part series on state family support and education initiatives described the impetus for action as well as the characteristics of programs in five pioneering states. Three programs originated in state departments of education (Minnesota, Missouri, and Kentucky), and two in human services (Maryland and Connecticut). These initiatives began in a public policy climate of relatively little state-level interest for broadening the state's mandate to sponsor preventive, community-based programs that would deliver new services in new types of partnerships with families.

The group of policy entrepreneurs who saw the promise of such programs achieving important goals in public education, social service, health, and child welfare faced difficult challenges in largely uncharted territory. They had the less than straightforward job of taking diverse program ideas and strategies which had mostly been developed in small, innovative, grass roots, single-site community service or research and demonstration programs, and creating a larger, state-sponsored system of strong, effective, yet community-responsive programs.

These policy entrepreneurs, who were sometimes agency staff, sometimes legislators, built the teams and coalitions necessary to get policymakers' attention and developed the initial "selling document and road map" (Tableman, 1986, p.338) necessary to launch and guide the initiatives. As they built the state system, continuously revising the road map as new opportunities and problems arose, the teams faced a number of important considerations. They had to decide how much the state sponsors should encourage uniformity and standardization or allow local flexibility and variation, and they had to develop a state capacity to foster local program growth and development, often with scarce resources.

With respect to the seemingly simple but fundamental questions of program definition and accountability, the teams had to work out a balance between state and local roles and needs. These questions include who is to deliver services; who will receive them; what specific services are to be provided; where the services are to be administered and delivered; how the program is to be sold (e.g., to promote early child development and prevent school failure, to promote familial strength and self-sufficiency, or to prevent abuse and neglect), and how to insure accountability and assess effectiveness.

New state initiatives will face these same considerations and questions as well as some new challenges and possibilities because the policy climate has changed. Family support and education now seem to be at the tip of many policymakers' tongues as a preferred solution, either full or contributory, to many social problems. This creates both opportunities and dangers. The latter, in a worst-case analysis, include rapid proliferation of poorly developed programs that are oversold, underfunded, and poorly matched to population needs and characteristics, rigidly bureaucratic, and that lose both community input and ownership and the capacity to implement creative ways of working with parents. We deliberately do not specify a "best case" scenario here, because that is a job best done by individual states in light of their needs, resources, goals, and understanding of other states' experiences.

The following discussion describes others' past experiences while taking into account the new opportunities afforded by broader public interest.

Who Provides Services

Questions about which state agency or agencies will sponsor and develop these programs, and who they will fund to deliver services at the local level, are among the first to consider. Each of the five programs was initiated by a single state agency, but they vary in their specification of who is eligible to be a local service provider. The three programs sponsored by education departments provide funds to local school districts to develop and administer services; the human service initiatives fund a diverse set of local agencies, some new and some previously existing. They also vary in their emphasis on encouraging local interagency collaboration in program sponsorship or service delivery. Several actively encourage collaboration and discourage duplication of services through local needs assessment procedures, favorable review of joint applications, and provisions for programs to subcontract or co-program with local entities that have experience in providing needed services.

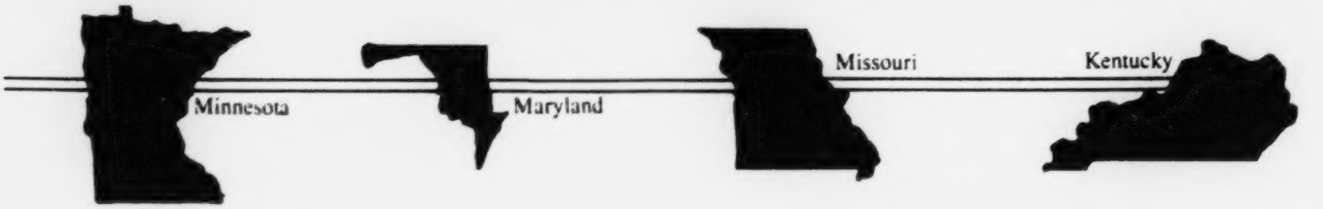
Coordination and inter-agency initiatives are currently more evident at the local than at the state level. As more states become interested in programs but experience budget problems which may limit innovation, it is critically important for state agencies to get beyond their "turf." They need to develop mechanisms for coordinated state planning and joint funding as well as systems to facilitate local inter-agency collaboration for service development and delivery.

The issue of the state's role in building the capacity, particularly human capacity, to deliver services in a state-sponsored system of programs should be considered early on. Because large numbers of people who are trained or experienced in working with parents and families to facilitate their development are not available in many communities, the five states have arranged immediate training opportunities for the pilots and grappled with longer term issues of staff availability, qualifications, and credentials. The scale and locus of state training efforts vary, but each has set up on-going, inter-site training sessions and facilitated peer support and technical assistance among its programs. The program networks that result provide a steady channel of input to as well as from the state. This channel is used to develop and revise program guidelines and share the evolving practice knowledge.

Recognizing longer term issues of labor supply and capacity, some states are also working with colleges and universities and other providers to get assistance with training and certification. In crafting requirements for staff composition, states are trying to balance two conflicting considerations: First is their evolving sense of what staff skills and expertise are necessary, which requires some staff standards to ensure program quality. Second is the reality of local labor supply and pay scale, and recognition of a program's need for flexibility in order to hire personnel who can relate skillfully with parents and families.

Who Receives Services

Family support and education programs are "sold" in the political arena as programmatic responses to the prevention or alleviation of social problems that have visibility in a state (e.g., school failure or child abuse and neglect), but this does not mean they are always targeted to families considered at risk for the problem. Our research suggests that the decision about whether to mount the initiative as a universal or targeted service is a difficult one involving complex tradeoffs. The states offering universal services are influenced by arguments that *all* families need support; that targeting may stigmatize participants; and by their interpretation of the agency's traditions and mandates (e.g., provision of universal public education). Judgments about the political context also condition the decision in that universal pro-



grams are thought to generate the broad legislative and constituent support considered necessary to mount and sustain a state initiative.

Those states offering programs targeted to certain groups or geographic areas are influenced by the logic of allocating scarce resources to those seen as most in need in order to have the most impact on complex and intractable social problems. They are also influenced by the conviction that it is important to develop population-specific program models. An assessment of their states' political context indicates there is legislative support for concentrating resources on at-risk groups rather than distributing them more broadly.

Instead of posing the universal or targeted options as opposites, new states should consider a third alternative—a combined strategy. For example, the state might develop a general universal program and, within it, more intensive, differentiated services targeted to families regarded as at risk. Several of the pioneer states are evolving toward such a strategy recognizing that while all families need support, they do not necessarily all respond to or benefit from the same type of program.

If this combination is not feasible, those considering a targeted program should ask if there are ways to frame the initiative that will not preclude subsequent addition of other groups, and who else presently targets the group for what services? Those considering a universal approach should ask whether it will have the capacity and resources to reach and effectively serve high-risk families? The answers to either set of questions may lead to consideration of joint, inter-agency planning and possibly initiatives in order to maximize resources and avoid service duplication and fragmentation.

What Services Should be Provided, and Where?

The question of what specific services local programs should provide obviously has to be considered in conjunction with decisions about program goals and participants. In a state-sponsored initiative intent on building a system of responsive, community-based programs, questions about how much to standardize programs and how much and in what regard to encourage local flexibility and variation are equally critical.

Over time, each of the five states we examined have specified a core set of services the local programs must provide (see Table 1, Part 1, of this article in vol. 7, no. 3) to achieve individual program and state system goals. There is a variance, however, in how precisely they specify the content of these core services. Through their training mechanisms, they work with local programs to build and support their capacity to offer these services. These states also try to build in flexibility so that local programs decide such issues as how, where, and when services are delivered; have opportunities to develop and adapt materials; and can tailor the core in accord with local and participant needs and resources.

How Programs are Sold and Assessed

The states have used various kinds of information and rationales to broaden the base of public support, to sell the initiative in the public policy arena, and in some ways condition the expectations about what the programs will accomplish. The information includes studies showing the impact of family factors on child development, evidence from evaluations of family programs (Weiss & Jacobs, 1988),and cost studies illustrating the savings from investments in early interventions. To broaden the base of supporters to include businessmen, taxpayers, and others, program advocates have argued that public investment in these programs represents an ultimately cost-saving investment in a future generation of tax-paying, productive workers for the twenty-first century. So far, legislators and others have not put together the promises implicit or explicit in such rationales with demands that programs demonstrate that they can deliver on them. However, the climate is changing here, too, as legislators in a few states have begun to talk about if not allocate money for program evaluation to test such promises.

As a result, it is increasingly important that the selling rhetoric be in line with what such programs can realistically deliver, and that there are sufficient resources at both the state and local levels to develop a strong system of community-based programs. It is conceivable, for example, that in some states increasing the number of programs may be a slow process because resources would otherwise be spread too thin.

Family support and education programs are a new type of service for states to sponsor. In order to validate them in the eyes of public policymakers and address questions about what types of programs are effective for different types of families, systematic formative and outcome evaluations are necessary. All of the five pioneering states have developed the former and have either conducted (Missouri) or are planning the latter. Such outcome assessments should help policymakers understand whether or not the state system, not just individual programs, can be implemented and be effective.

In sum, our research shows that there is no blueprint for building a successful state initiative. The apposite image is one of continuous problem-solving as a state builds a new type of program system. These systems not only require local programs to relate to families in new ways, they may also require state agencies to develop new ways of relating to local programs and increasingly, to each other.

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Beyond the Safety Net: FRC Calls for Vision and Commitment

by Gail C. Christopher, Executive Director

A parent's capacity for parenting, a family's ability to function, and a child's chances for realizing his or her full potential are intimately connected to environmental factors such as income, resources, and support systems. The dynamic relationships between children and their parents, as well as between families and their communities, are influenced to a great degree by economic realities. Our social service, public welfare, child welfare, emergency medical, and juvenile justice systems were designed as safety nets to help serve a few during times of acute need.

But sweeping changes in the economic and social fabric of our society have generated many more crises and millions of people with heightened levels of need. Traditional systems are overtaxed. There are holes in the safety nets, and many children are falling through. For some the results are fatal. For many, many more, the results are survival, but mere survival in communities that face chronic stress, violence, deprivation, and prognoses for failure.

We believe that *all* families, but particularly families who cope with the ongoing challenges of inadequate income levels, deserve access to the types of extended support and community-based resources provided by the unique programs described in this *FRC Report*.

While diversity and creativity are hallmarks of these programs, they are designed to achieve the ambitious goals of optimal child development and empowerment of parents. These goals, as you have seen, are accomplished through various activities and services. For the sake of explanation, we have grouped them as the three Rs of family resource and support programs: Relationships, Resources, and Referrals.

Relationships: Peer support groups, parent classes, home visits by professionals or paraprofessionals, warmlines, and recreational outings are just a few activities that provide opportunities for parents to form sustained relationships that can generate new insights and capacities.

Resources: New information and ongoing support are the primary, vital resources provided in settings that are available and accessible to parents. Drop-in centers, toy libraries, and program libraries are important sources of books, tapes, toys, and materials which assist parents in their individual learning process.

Referrals: Since family support progams are primarily prevention programs, they do not have the capacity, staff, or funding resources to meet all the needs of the families they serve. But family support programs work effectively to help parents access resources from other agencies when needed. Parents learn how to advocate on their own and their children's behalf, and how to work through the complex bureaucratic systems which might otherwise be difficult for them to navigate.

This combination of opportunities for new, generative, and validating relationships; exposure to needed resources which empower and enhance their capacities; and referral to additional community resources constitutes the basic service framework of family support programs.

Ultimately we are challenged to revisit the safety net human service concept and broaden our strategies to include prevention, extended program support, and skills development for families. We must provide opportunities and settings that promote optimal personal development for both parents and their children.

The Family Resource Coalition is committed to increasing the availability of family resource and support programs to communities with the most acute levels of need. To this end we will continue to work to identify gaps where programmatic services are needed, to support program providers, and to influence public policies that impact upon the lives of all families in America.

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FRC REPORT
Design, JANE BROWN
Typography, SKRIPPS & ASSOCIATES
Printing, BOOKLET PUBLISHING CO., INC

The ***FRC Report*** is published three times a year in the public interest by the Family Resource Coalition, a tax exempt, nonprofit organization. Membership in the Coalition includes a subscription to the ***FRC Report***. Readers are encouraged to copy and share its content; we request you credit the Family Resource Coalition as the original source of information.
Founded by Family Focus

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FAMILIES AT RISK

Family Resource Coalition
Report

Volume 8, Number 2—1989 Building Support and Resources for the Family ISSN 1041-8660

Family Support and the Schools

by Sharon L. Kagan and
Amy Lyons Holdeman

Though some may be wary, and others weary, there is no doubt that United States' education is in the midst of another wave of reform. Dubbed "restructuring," the current emphasis is on altering conventional governance and curricular patterns with the goal of making education more accessible and workable. Advocates of "restructuring" encourage more involvement in school decision-making by teachers and parents, and more active involvement in learning by children.

Such efforts, though seemingly remote from school-based family support programs, are critically important to their success. Restructuring represents education's efforts to alter the culture of schools and to unleash the potential of those who know children best—teachers and parents. Because restructuring and school-based family support both involve critical school changes that will broaden constituent support and involve parents and teachers in new ways, they have the potential to be synergistic with, and instructive to, one another.

In this article we detail how family support programs, like restructuring, act as vehicles for reforming the culture of schooling, and chart the challenges and opportunities associated with such reform. To do this, we discuss the evolutionary nature of family-school relationships and the unique characteristics of the family support movement. We then address challenges associated with school reform and the implementation of school-based family support programs, and offer examples of, and reasons for, their success.

The Evolution of Family-School Relationships

Debated for decades, the relationship between families and schools in the United States has changed dramatically over the years. In Colonial times, schools and families were quite separate, each having distinct and clearly delineated roles. The school instructed children in "the basics"—reading, writing, and arithmetic—while family and church were responsible for developing moral character. By the early 19th century, some parents and educators were distressed by this separation and formed organizations to foster home-school cooperation. Along with independent reformers, these groups helped establish programs in music, art, domestic science, school gardens, and kindergartens, expanding the schools' role beyond the basics. Such commitment to children and families expanded conceptually

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in the 1930s with the community school movement. Though gaining only limited practical acceptance then, the movement legitimated the family, not solely the child, as the unit of service, predicting current trends toward serving the child and the family, and laying the base for current school-based family support efforts.

Despite broad progress toward linking families and schools, tensions emerged over the years. As education became "professionalized," school personnel questioned parents' intrusion into their domain. Besieged by overloaded agendas and inadequate budgets, school boards' priorities sometimes focused attention away from parents and broad social concerns back to basics. For example, in post-sputnik America, science, math, and foreign language predominated: serving parents was temporarily back-burnered.

However, in the last twenty-five years schools' responsiveness to parents and community has increased due to four distinct forces. First, the force of mandate demanded more open access to schools. Be it parent involvement in Head Start, PL 94-142, or Title I of the Elementary and Secondary Education Act, schools were required not simply to serve, but to involve the community.

A second force was the change in our national ethos toward an ecological approach to serving children. The United States came to realize that children are not mass-produced or shaped by one bureaucratic turn or another, but are unique individuals, extruded from the complex interaction of home, family, church, community, and the media. That children and their environments influence each other pressed schools to understand, and to partner with, the family and other institutions.

Third, schools began to realize that prevention was more effective than treatment to address problems. Buoyed by research that extolled the benefits of early intervention, states and schools refocused efforts on younger children and on parenting programs.

The final incentive to improve family-school relationships was the dramatic change in young families' lives. Emerging from different sources—the feminization of poverty, increased rates of divorce, single parents, family mobility and instability, teen pregnancy, and more employed women—daily life became more stressful for more families in the 1980s. As this happened, parents—often removed from their families and roots—turned to peers and institutions for support. For many, the schools became comfortable, supportive havens.

As these forces took hold, gradual changes in the way schools interacted with parents also emerged. In the '50s and early '60s, parents contributed to the basic functioning of the schools in modest, non-threatening ways. Schools maintained control while parents raised funds, accompanied children on field trips, or assisted in classroom activities. By the mid-'60s, spurred by the spirit of reform that characterized the period, parents wanted to be more involved in decision-making. Benign parent involvement was converted into parent participation in key decisions such as budget, personnel, and curriculum. As such, parent participation helped set the stage for the re-alignment of parent-staff roles that was to emerge more peacefully in the family support movement of the '80s.

During this era of parent participation, a revitalized commitment to parenting education took root, perhaps as a result of needing well-informed parents to make decisions or a growing recognition of the importance of parent education to child outcome. Often sponsored in conjunction with consumer education, adult education, special education, and/or Head Start, parent education provided a forum for the enhancement of educational, vocational, and/or parenting skills.

This brief review demonstrates that while having different goals and strategies, positive home-school interactions have evolved over time. Today, families and schools recognize each other's importance and their interdependence: the days for seeking a rationale for home-school interaction are past. Now, fresh approaches are necessary that both integrate lessons from practice and theory and reflect contemporary families' needs. Many schools have found that family support efforts meet this goal. As such, they represent the next frontier in the evolution of home-school partnerships.

Family Support Programs

Family support programs have emerged from many of the same traditions and forces that brought closer home-school interactions: changing demographics and a more holistic and preventive orientation. Yet family support programs are different from, and typically more comprehensive than, conventional parenting or home-school linkage efforts. Not always a part of schools, these programs are non-deficit in orientation and universal in design. Excellent examples are found in Missouri's Parents as Teachers and Minnesota's Early Childhood Family Education programs.

Because family support programs see parents as competent adults, not "helpless victims," parents and staff are equal partners: relationships are non-hierarchical and multi-directional. And finally, family support programs recognize that families, like children, vary on every measurable characteristic so that programs must be flexible and individually tailored to meet families' changing needs.

These program characteristics—universal accessibility, non-hierarchical parent-staff relationships, and flexible programming—can pose interesting opportunities and challenges for schools. For example, the flexibility needed to run family support programs can fly in the face of rigid school bureaucracies. The responsibilities accorded staff and parents may require new job descriptions; new roles may need to be created and new training launched. In some cases, parent empowerment may increase so that schools will need to reconsider their attitudes and values toward parent-school relationships. Schools may need to revamp planning and decision-making procedures—a change favored by advocates of school "restructuring."

Making programs accessible to all parents can pose a financial drain for districts, particularly those unaccustomed to expending resources on families. Though the temptation is great to fund model programs on a trial basis, or fund programs for a year with left-over or extra dollars, these programs need stable funding commitments to be effective.

Can Family Support Programs Thrive in Schools?

School-based family support programs have been likened to tugboats because, though small, each can move entities many times their weight. As little tugs steer great ocean liners out of congested harbors, family support programs can guide schools toward more effective home-school relations and more effective education.

Clearly, the course is often difficult. As we have seen , these programs are not about business as usual: they are harbingers of innovation. Consequently, some programs, though located within a school building, remain isolated from mainstream school life, being viewed as separate, ancillary, and perhaps temporary. Where these programs are transcending this ethos and becoming

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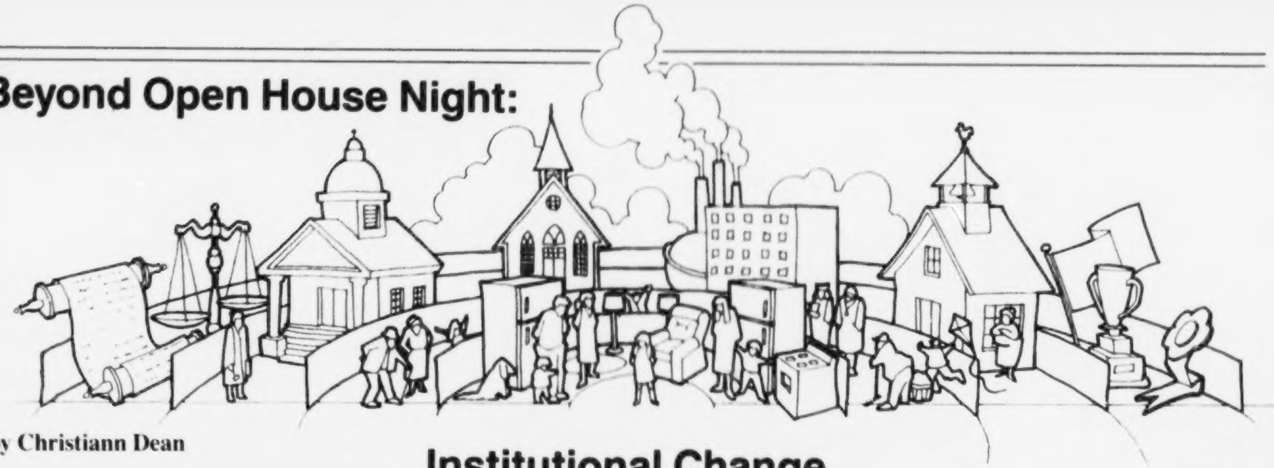
Beyond Open House Night:

Institutional Change Leading to Greater Parent Involvement



by Christiann Dean

Numerous studies have alerted schools and families to the value of parent involvement in children's education—a factor family support programs have long recognized. State Departments of Education and local school boards are placing greater value on communication with parents. Several programs designed to foster parent involvement in elementary schools have emerged locally and nationwide. And an increasing number of principals, steeped in the jargon of educational reform, now espouse parent involvement.

While this growing recognition of parents' important contribution to education represents a welcome trend, many schools' definition of parent involvement is limited to traditional activities such as attendance at open house nights and routine parent-teacher conferences, monitoring of children's homework, and reinforcement of school discipline policies. These tend to "involve" parents in one-way communication from school to home, rather than in a partnership where each partner is recognized as having something valuable to contribute. When parent involvement stretches to curriculum review, policy suggestions, or classroom volunteering, many schools (or individual teachers) become nervous.

Six years of work with the Cooperative Communication Between Home and School program (see Resource File) has revealed a wide variation in attitudes and corresponding school policies toward parent involvement. While some teachers regard parent volunteers as "more trouble than they are worth," others embrace parents as a means of enhancing curriculum and bolstering inadequate staff-student ratios. Many principals complain that "the parents who really need to be here don't come, yet we see too much of a handful of 'troublemakers'." Yet an increasing number see active decision-making partnerships with parents as a crucial aspect of school reform.

Parents often perceive individual principals or teachers as capriciously denying them access to something they want (such as information about their child's records), or restricting their involvement (for example, in the choice of their child's teacher). If restrictions to parent involvement are examined more closely, however, underlying barriers within the school structure are usually discovered. For instance, employed parents who request evening conference times may be told that "teachers here don't work at night." In reality, teacher contract provisions, building use decisions by the school board, and an outdated understanding of family life have converged into an inappropriately restrictive school policy that may not be serving students, parents, teachers, or administrators well.

When attempting to change such bureaucratic structures, it is important to realize that they emerge out of the needs of a particular time and situation. Once in place, they usually remain intact even when circumstances evolve. Schools expend great effort to maintain the status quo. Policies regulating parent involvement are especially vulnerable to such cumulative restrictions, both because attitudes toward parent involvement are shifting more quickly than many schools understand, and because parents lack an advocate within the school structure (unlike teachers, for example).

Changes in attitudes and resulting modifications in policies can be initiated by parents, teachers, or administrators in a local school, or grow out of initiatives (accompanied by funding) at a district or state level. Only active, persistent endeavors by these groups leads to modifications of existing policies. Usually combined or simultaneous efforts from several of these groups are required.

In order to maximize these ventures, it is helpful for each group to clearly define what they mean by parent involvement, and to identify positive examples as well as barriers. The following questions can help focalize such an initiative:

- What do I mean by parent involvement?
- What does this school mean by parent involvement?
- What examples can I find in this school, and in similar schools, of parents in decision-making roles?
- What structural barriers exist to equal partnership between parents and staff in this school?
- Who else has an interest in increasing parents' role in this school (locally, regionally, statewide)? How can they help?

Once each group has gained clarity about the aspects of parent involvement that matter most to it, continuing discussion with each other usually leads to a valuable exchange of information, as well as to the possibility of the kind of collaboration structural change requires. Examples of changes that have occurred as a result of the collaboration fostered by the Cooperative Communication Between Home and School program include schools offering parent workshops in two languages, the installation of a telephone in the teachers' room to facilitate calls to parents, and changes in parental input policies regarding curriculum and teacher selection.

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Parent Participation in Schools: The School Development Program as a Model

by James P. Comer, M.D.

School learning is not an isolated cognitive operation. It builds on preschool relationships between parents and child which have promoted a given level of development and academic learning readiness. Desirable parent-teacher interactions allow both to help children continue to develop adequately in school—or to compensate for underdevelopment—and to help students meet the expectations of the school whether they are the same as or different from those of the home and community. Good relationships between home and school can serve to motivate students to achieve at the level of their ability in school.

Only a decade ago few educators supported a major role for parents in the program of schools. While there is still much resistance to significant parent participation, there is an increasing realization that parents represent an important resource. Even so, there is a great deal of uncertainty about how to involve parents in school programs. Currently parents are being utilized in three major ways: parent control—governance and fiscal; parents as helping hands—from teaching assistants to custodial duties; and parents as disciplinarians.

It is our impression that parental control, marginal and superficial contributions to the program of a school, and disciplinarian roles are not very useful. In fact, parental time and talent can be wasted unless put to use in areas where they can be most effective. Our work suggests that parents can be most effective in ways that support the overall development of their children. This can be done best through parental support of a school program that they themselves help to determine through meaningful collaboration with the school staff. Given the nature of teaching and learning, this is a logical way of utilizing parents.

In this article, I will describe our Yale Child Study Center school improvement model and our experience with parental involvement in two New Haven schools. I will also discuss the implications of our program for the school support of families and vice versa. I will begin with a discussion of the evolution of our overall program because effective parental involvement, like any other component of school improvement, can not be simply mandated or imposed. Successful program components grow out of a positive relationship process that must be established and/or facilitated by program leaders. Our parent participation program is one of three major components of an overall school improvement process.

New Haven schoolchildren meet with Dr. James Comer, Director of the School Development Program at Yale University.

School Development Program Evolution

Our program is a cooperative effort between the Yale Child Study Center (YCSC) and the New Haven School System initiated in 1968. We began our work in two schools in the inner city as a subsystem of the total school system. Our Yale Child Study Center team was directed by the author, a child psychiatrist, and included a psychologist, a social worker, and a special education teacher. Our strategy was to "live in" and learn about schools and develop a self-change and improvement process with the school staff.

We worked with the kindergarten-fourth grades at the Martin Luther King, Jr. School and the kindergarten-6th grades at Simeon Baldwin School. Both schools were 99 percent Black and almost all of the children were poor. In 1969, they were 32 and 33 in achievement among 33 schools; they were 19 and 18 months behind in language arts and mathematics by the fourth grade; their attendance was among the worst in the city; and there were very serious behavior problems among the students.

Both schools improved, but because of policy disagreement we left the Baldwin School and began work in the Brennan School in 1976. A K-5 school, Brennan served a housing project and had similar problems. By 1979, King and Brennan schools were at grade level, and by 1984 they tied for the 3rd and 4th highest level of achievement on the Iowa Test of Basic Skills. They were among the top in attendance in the city and there were no serious behavior problems in the schools. These outcomes occurred with no change in the socioeconomic makeup of these communities.

Our model, called the School Development Program, is now being utilized in nine school districts and more than 100 schools across the country. But back in 1968, we weren't sure we would survive the first year. Prior to our involvement there was parent, staff, and student anger and apathy. Our project was established with good intent but carried out in a way that resulted in inadequate parental influence. The subsequent school chaos led first to an angry parental reaction and then to meaningful engagement between parents and staff.

The conflict caused us to quickly realize that there was no mechanism to permit parents and professional and non-professional staff to share their knowledge and to work cooperatively and collaboratively toward a common goal. We recognized the high potential for conflict in schools with people who are different in a variety of ways—education and income levels, roles, race, religion, experience, etc.—because troublesome incidents in the schools were often sparked by these differences. This led to the creation of the earliest school-based management approach that we know about.

We created a management team in each school and carefully structured the mechanism, through its makeup and rules of operation, to promote cooperation and collaboration among the adult stakeholders in the school program as opposed to destructive competition. Led by the principal, the management team was representative of all the adult groups in the school—parents elected by the parent group, teachers selected by teachers and by grade level, a professional support staff (or mental health person), and a non-professional support staff person. Because young children can be confused and burdened by adult disagreement, they do not serve on the management team.

The guiding rules of operation are as follows: (1) a no-fault policy which reduces harmful finger pointing and defensive behavior; (2) decisions are reached by consensus rather than by vote, which reduces winner and loser behavior; (3) the group cannot paralyze the principal nor can the principal use the group as a rubber stamp for his/her decisions. This arrangement improves communication, facilitates coordination, and gives every one a sense of empowerment and ownership of the school program. When carried out properly, the process allows the principal to be more effective than when he/she is trying to mandate certain behaviors from parents, staff, and students who feel powerless and often act, consciously and unconsciously, in non-cooperative ways as a result.

We were asking all involved to work differently and as a result there was some initial resistance. But as this way of working reduced behavior problems among the students and between parents, staff, and students, energy was freed from conflict and was available for addressing the school program. More time could be spent on the teaching task and the performance of the students began to improve. And in a circular fashion, improved performance led to higher expectations, greater reduction in behavior problems, improved academic achievement, and greater parent-staff mutual trust and respect.

We made a systematic effort to create a good social climate in the school and the parents group made their major contribution in this area. We made a similar effort to help parents and staff begin to use child development principles in their interaction with students and in the academic program. The professionals—social worker, psychologist, special education teacher, and other support staff (in some places called the Mental Health Team)—made their major contribution in this area. Our model evolved from these groups, activities, and approaches.

The School Development Program now consists of three mechanisms, three operations, and the three basic guidelines discussed earlier. The three mechanisms are the governance and management team, the mental health team, and the parents program. The governance and management team carries out the three important operations: development of a comprehensive school plan focused on the academic program and promoting a school social climate that allows adults to help students develop; staff development geared to goals stated in the plan; and assessment and adjustment of the school plan based on the findings. The components remain the same in all our project schools, but the content varies according to the need and the creativity within a particular building.

Each element in a comprehensive, coordinated program is more effective than any particular element operating in isolation, and often in opposition to others. Thus, the parent program in any particular school is effective when it is an important and coordinated component of the total School Development Program.

The Parent Program

Many parents in our schools were undereducated and had little experience participating in an organization as complex as a school. Initially there was a great deal of home-school distrust and alienation, and we did a number of things to integrate parents into the work of the school in a way that would result in a full and respected partnership. The most important was having a staff member—in one school a teacher and in the other a social worker—serve as a liaison person to the parent group. This person helped the group chairperson develop leadership skills and mediated any potential and actual difficulty between parents and staff. The parent group program included establishing workshops to help parent members understand and support the program of the school, and how to help their children grow and develop in and out of school.

In 1968, as few as 15-30 parents turned out for the most important school programs, but this gradually changed. Parents serving on a governance and management team helped develop the school plan. Parent group activities were integrated into the school plan, and their involvement gave parents a sense of ownership and a stake in the outcome of all school activities. By the third project year, more than 400 parents turned out for the Christmas Program, and an average of 250 parents for each major activity. In 1989, a school with about 400 students that used the model in Prince George's County had more than 500 parents turn out for their Black History Month Dinner. We promoted three levels of parent participation—the general turnout as just described, the parent group planning and carrying out various activities as the second, and the parent representatives working in governance and management as the third.

At the point of greatest elaboration of our project, one parent served in each classroom as an assistant to the teacher. They were paid the minimum wage for ten hours and most volunteered 20-30 more hours per week. In addition to serving as models of teaching and learning in the classroom for their own children and those of their neighbors, they formed the nucleus of the parent group. Because they were very knowledgeable about the school program, they were able to involve other parents in a very effective way. This program was designed so that parents could serve only as long as they had children in the school, and in this way their focus remained on their children rather than on school or job politics.

Eventually we realized that success was occurring when the children were given experiences by the staff and their own parents that enabled them to meet the expectations of the school, even when they were strikingly different from those of their families. It appeared to us that we should have even greater success if we could provide the children with the kind of experiences that would enable them to acquire attitudes, values, and ways needed to succeed in life. In discussions with the parents, we ascertained their goals for their children and discussed the kind of school-based activities we could create that would be the foundation for achieving those goals. Out of this thinking, we developed a program entitled, "A Social Skills Curriculum for Inner City Children."

Parents and staff together decided that the children would need experiences in politics and government, business and economics, health and nutrition, and spiritual/leisure time. We developed activity units in these areas during students' free or elective time, integrating the teaching of basic skills, social skills, and appreciation of the arts.

In an initial politics and government unit, the city candidates for mayor were invited to the school. Invitations, thank-you notes, and academic lessons were geared to this experience. Using money raised by parents, the children were taken on city tours to learn about the role of government. They put on a dance-drama program for their parents, staff, and visitors, and they were taught the skills to be hosts and to participate in discussions with the candidates. The activity was reviewed by parents and staff to determine whether it accomplished its goals, and this process became the prototype for all social skill development activities carried out in the school.

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Dr. Comer's major writings over the past twenty years have included four books, journal and newspaper articles, chapters, and a regular column for Parents Magazine. *A recent oral history of his mother, and his autobiography,* Maggie's American Dream: The Life and Times of a Black Family, *was published by New American Library in 1988.*

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New Partnerships for Student Achievement: Our Children's Education— Everyone's Job

The Home And School Institute, Inc.

by Dorothy Rich

"The community needs to become involved in the community's education." You see that phrase in the editorial pages; you hear it from the lecture platforms. This article tells about a pioneering effort, New Partnerships for Student Achievement (NPSA), which moves those words into action.

New Partnerships, funded by the John D. and Catherine T. MacArthur Foundation and designed by the Home and School Institute, involves community organizations to help families become more active educators of their school-age children. Now in its third year, the program is built on a strong research base supporting the family's critical role in education and on a quarter century of the Institute's work with families and teachers.

First, some background on New Partnerships. In 1987, five major national organizations adopted the NPSA model and were given modest operating grants to help them launch demonstration projects in different cities. The original organizations were: the American Postal Workers Union, the American Red Cross, the Association for Library Service to Children/American Library Association, the National Association of Colored Women's Clubs, and Parents without Partners. In 1989 they were joined by the Department of Defense Dependents Schools, Extension 4-H, and the National Coalition of Title I Chapter I Parents as associate members. The original programs have since been replicated.

The New Partnerships Model

The Home and School Institute provides each organization with curriculum and program materials, trains volunteer coaches at the site, and offers evaluation assistance for the program. The basic NPSA model moves through four stages: first, a program coordinator in the sponsoring organization recruits families and coaches to participate; second, over the course of the project, each family receives a curriculum of home learning activities; third, the coaches talk with parents on a regular basis to assist them with the learning activities; and fourth, the program documents participation and provides certificate awards to families.

The Home Activities

A structured series of home learning activities that outlines a task or experience for parents and children to complete together is basic to the program. Reinforcing and extending what the children learn in school, the activities are designed for individual levels of ability and imagination. The Everyday Living group, for example, helps children choose a household chore, consider the task, divide it, and complete the chore.

Pre-vocational activities emphasize the world of work. "Read all about It" is an example in which parents and children read the help wanted ads in their local newspaper and talk about how to gain information from an ad to select an interesting job. Academically oriented activities are directly related to the child's school experience. An example is "Making a Place to Study at Home."

The emphasis on everyday living is consistent with HSI's philosophy that the learning activities should not mirror homework, should be enjoyable, provide feelings of success, and focus on experiences that families typically have in the home and neighborhood.

New Partnerships emphasizes that lasting student achievement arises from personal MegaSkills®* characteristics such as self-confidence, motivation, problem-solving, common sense, effort, responsibility, initiative, perseverance, caring, and teamwork.

Each of the sponsoring NPSA organizations selected a different program from the Institute's learning activities to serve families. The American Postal Workers Union chose Workplace-Home Connection activities which help families reduce the often competing pressures of job and family life. The American Red Cross, focusing on Hispanic parents, places emphasis on learning experiences directly related to schoolwork. Parents Without Partners chose activities to teach children about the world of work. The National Association of Colored Women's Clubs, composed primarily of senior citizens, selected the HSI intergenerational tutorial program. The Association of Library Services for Children/American Library Association selected the reading activities of the Institute's Families Learning Together Program. The participating families range across the nation geographically and differ in ethnicity, income, educational level, and student achievement; this diversity is a distinctive characteristic of New Partnerships.

Program Results

Policy Studies Associates, in an independent evaluation of the program under contract from the U.S. Department of Education, interviewed coordinators at a number of NPSA sites. Their frequent responses include "Parents become more confident" and "Parents feel better when they know they are doing the right thing."

One measure of program success is the degree to which sponsoring organizations believe it is useful and continue to provide the service. Currently, all of the sponsoring organizations are continuing the program at their original sites, and are committed to expanding all or parts of the program to member affiliates across the country. Their own high goals are the clearest indication that they believe the program to be worthwhile.

Conclusion

Education is a long-term, continuing experience. It's the words "long term" that are vitally important and so encouraging to all of us who work with families today. When we provide parents and children with the tools to succeed in the 21st century and not just for Friday's quiz, we achieve powerful goals.

The over-arching contribution of New Partnerships is that it is a model for family educational support which emanates from the wider community, beyond the school and the home. The complexity of education today demands this wider network which includes unions, business, and community groups. Our children's education is everyone's job.

Dr. Dorothy Rich, author of the best-selling book, MegaSkills®: How Families can Help Children Succeed in School and Beyond (Houghton Mifflin, 1988), is founder and president of the nonprofit Home and School Institute in Washington, D.C. She has been a member of the Family Resource Coalition since its inception.

As a special service to Family Resource Coalition readers, HSI will provide MegaSkills Messages—tips for families on how to help children develop good study habits and attitudes—from the New Partnerships program to those who send a business-size, stamped, self-addressed envelope to Home and School Institute, Special Projects, 1201 16th Street, NW, Washington, DC 20036, 202/466-3633.

**An HSI book introduced in 1988 (see Resource File).*

Building Parent-Teacher Partnerships in Inner-City Schools

By Joyce L. Epstein

Working on parent involvement and school-family-community connections is part of the mission of the Johns Hopkins educational research centers—to conduct scientifically sound studies on alterable school practices and processes that will help educators significantly improve the education of all students. We are especially concerned about those students who are not successful in schools as they are presently organized or who are at risk of failing in school and dropping out. Many of these students and their families live in urban areas.

The problems of urban school systems are well-known: low performance, poor attendance, high rates of dropout, and little parental involvement—one component of effective schools that deserves special consideration because it contributes to many types of student success.

Despite increasing attention to teachers' practices of involving parents, few studies have focused on schools with large populations of educationally disadvantaged students or hard-to-reach parents. A recurring theme in many studies is that less-educated parents cannot or do not want to become involved in their children's education. But our recent research challenges this assumption by showing that some teachers successfully involve parents of the most disadvantaged students in important ways.

We found that those teachers who frequently involved parents did not make the stereotypic judgments about the quality of help from poor parents, less educated parents, or single parents that were made by teachers who infrequently involved parents. Teachers who were leaders in the use of parental involvement rated all parents higher in helpfulness and follow-through than did other teachers.

In our recent studies of inner-city, Chapter I schools, teachers agreed that parent involvement was important for student success and teacher effectiveness. The teachers in elementary and middle schools reported that they wanted all parents to perform over a dozen activities at home. Only a few teachers, however, had initiated strong programs at their schools to help parents understand how to conduct those activities with their children. Elementary school programs were generally stronger and more comprehensive than middle school programs.

Of all the problems that prevent educators from moving from rhetoric about parent involvement to more successful practice, none is more serious than the lack of teacher and administrator education and training in this topic. Teachers of students from educationally and economically disadvantaged families have little understanding of the characteristics, strengths, or needs of the children and their families. The limited information that educators receive portrays parents in mainly negative terms—as problems that teachers and principals must deal with, and not as partners who share an interest in the success of their children. Teachers and administrators simply are not prepared in their pre-service or in-service training to understand and/or interact with families.

School practices can be implemented at all grade levels to inform parents of the learning objectives required to pass each grade, the homework policies, and the report card procedures. Parents in all types of schools and all grade levels—including inner-city, Chapter I schools and elementary and middle grades—express the need for clear communication about their children's behavior, academic progress, the curriculum, and how to help their children at home. Parents' skills as partners in their children's education can continue across the grades if schools develop comprehensive programs that include five major types of involvement. These are:

1. assisting families in their basic obligations of parenting and child-rearing to effectively supervise their children, to understand child and adolescent development, and establish supportive home conditions for learning;

2. improving school-to-home communications such as memos, conferences, report cards, newsletters, and others so that parents can understand and act on important messages from the schools;

3. improving the recruitment, training, and use of parents and other volunteers at the school building to assist teachers and administrators in effective school and classroom management and instruction, and to support students' programs and activities;

4. involving parents in learning activities at home by providing parents with information on school programs, course objectives, and guidance on how to help at home on school work, school decisions, and skills that affect student success at each grade level;

5. improving the participation and leadership of parents in parent organizations, decision-making committees, school improvement activities, and other governance activities.

Research shows clearly that teachers' practices to inform and involve parents decline dramatically after the early elementary grades. Many parents begin to lose touch with their children's schools, do not understand middle school and high school programs, or teachers' expectations and requirements for their children. Many parents begin to lose touch with their children when they do not understand early and later adolescent development, or the learning, social, and personal problems their children face, or how to maintain home conditions that support learning in appropriate forms across the grades. This may be an especially important problem for parents of inner-city youngsters, because continued, knowledgeable parental guidance and understanding is crucial for children who face a host of competing problems in their communities.

Research conducted over two decades has shown convincingly that parental involvement favorably affects children's learning, their attitudes about school, and their aspirations. New research in inner-city schools shows that school practices are more important than family characteristics in determining whether parents stay involved in their children's education across the grades.

Although parental involvement will not solve all the serious academic and social problems that urban schools must address, healthy family-school connections could play a pivotal role in improving the children's chances for educational success. Recognizing the overlap of responsibility on the part of parents and educators is one important way to improve that critical partnership.

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The Language Barrier and Family Stress:

Taking the Extra Step

by Rodger E. Cryer

"The real difference between refugees and immigrants is that the refugees didn't want to leave home. . .they had to flee in order to save their lives!"

My course instructor made that statement as she began her lecture on "How to Work with Southeast Asian Refugees in Schools." I was taking the summer class in the hope I could become better prepared to deal with my school's rapidly growing population of Hispanic and Southeast Asian children.

That was two years ago. In my job as principal of an urban, 750-student elementary school in California, I can see now that the course was truly only an introductory lesson.

As our student population changed and low-income migrant and refugee families became the majority, I felt the school had three options: First, we could go on as if nothing was happening; second, we could try to change the incoming youngsters and their families to approximate American middle-class stereotypes; third, we could admit we had much to learn and conscientiously begin true exchanges of cultural values and ideas.

The first option would doubtless have produced massive failures and grade level retentions year to year. Option two would have created a '60s version of a melting pot America and likely taken enormous extra resources from an already thin school budget without much chance of success, according to research I read. The third option would take extra energy and some reallocation of resources, but the potential cross-cultural mix held special appeal at our school.

Rather than meld our variety into one bland mass, we chose the third option and it has enabled us to put new life into our classrooms by adding novel thinking and more creative problem solving. In short, we have all had a unique opportunity to grow as a result of learning to appreciate ideas from outside our own cultural references and to respect the values of others as well as our own.

Our major problems seem to center on language and communication. Traditionally, for example, the elder male in Southeast Asian families makes the substantial decisions that may have a long-term effect on the whole group. And though the decision to run from certain death may have been made by such a patriarch, once in this country he may be totally dependent on his children who rapidly acquire the new language to serve as family interpreters. Imagine that father interacting with the California Department of Motor Vehicles through a 7-year old child. Not only does the little girl control communication, the parents' dependency constitutes an uncomfortable reversal of traditional roles.

An early discovery we made was how we in the schools were viewed by our Southeast Asian and Hispanic parents. As one parent said, "We wouldn't think of telling you how to run the school any more than we would try to tell our parish priest how to run his church. It would be disrespectful and make us feel out of place." That high regard caught our faculty somewhat by surprise. We better understood a recurring communication problem reported by several teachers. During conferences, whatever teachers asked of immigrant parents, they always agreed to do; however, their suggestions were rarely carried out. We found the parents' polite "yes" was really a respectful response rather than a commitment to act.

The language problems motivated us to develop a novel way of communicating with our illiterate parents from non-English speaking families. In lieu of a school newsletter, we send small tape recorders home accompanied by a monthly recorded message in the family language. In this pilot program, we show the children how to operate the devices so that at the end of the pre-recorded message from the school, parents are able to speak to the recorder and send messages back to us.

The urban mass transit system is baffling to many Cambodian families, but our school nurse discovered their great need for local transportation. Unable to read signs or schedules in English, families try to take care of their needs within walking distance of home or suffer in silence. When we are able to transport a pregnant mother to a health clinic or take a child to the dentist, we are often providing a major family support service. For lack of transportation, many children miss entire weeks of instruction while their families attempt to deal with clinic, pharmacy, and social agency visits.

Over time, we have been forced to view our school along the lines of a therapeutic community rather than simply as a traditional grammar school. Although few educators have seriously restricted themselves to the "three R's" in my experience, few have stopped to think about the staggering problems that often confront families today and what those problems mean in their students' daily lives.

In our case, a therapeutic community concept permits our staff to think about their students' "bigger picture." Before forming an opinion about a child, professional staff carefully consider the medical and social history of the youngster when they suspect that critical life altering factors may exist. We try to determine if a child will be able to relate to traditional cultural values toward work, education, money, or such issues as familial tolerance for violence, current health practices, medical beliefs, and even religious understanding which would come in to play within our school setting.

Frequently, after getting to know the child and her/his family milieu we are able to see that parenting classes, individual or family counseling, or special tutoring programs will be absolutely essential if the child is to progress in school. And, because we in the schools are only involved with the child about 20 percent of the time, we make every effort to communicate these needs to those involved the rest of the time. Also, where appropriate, we attempt to support families who have minimal resources as they try to deal with the variety of social agencies serving our community. And, as dedicated school people, when all else fails, we individually dig a little deeper into our own pockets and sometimes ask our families and neighbors to help with personal contributions and services.

The net gain seems to be a more humane and caring school climate, higher achieving children, and healthier families. Keeping it that way is a delicate, high energy proposition, but we are all enriched for the effort.

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LINKING Home and School THROUGH THE WORKPLACE

by Robert Zager

At a meeting in Manhattan on May 25, 1989, representatives of twenty-one organizations—employers and unions, private and public—took part in demonstrations of five path-breaking programs designed to aid parents at the workplace learn how to help their children do better at school. The organizations had been invited by Work in America Institute because they expressed interest in "piloting" such programs as a prelude to nationwide distribution.

The meeting capped the first 18 months of a 2-year study entitled "Linking Home and School through the Workplace" under a grant from the John D. and Catherine T. MacArthur Foundation. One of the Foundation's major fields of interest is to ensure that children, particularly from disadvantaged homes, not be foreclosed from socioeconomic success. It therefore promotes educational programs to improve the home and community environment of children ages 4 to 14.

Research shows that the parent-child relationship is the critical factor in a child's school success, especially during the early years. The child is deeply influenced by parents' belief in the value of education, their interest in school progress, and their encouragement of reading and other skills development at home.

Quite a few schools and school-related organizations now offer advice to parents on how to help their children achieve in school. Some schools appear to be having success, but they run up against two big barriers: First, many parents shy away from schools because of the painful memories they evoke; second, and more important, the majority of parents of school-age children work away from home, are not available during school hours, and are reluctant to go out after work. When Work in America Institute suggested that the workplace might be the best site for providing help to employed parents, the MacArthur Foundation invited us to submit a proposal.

In selecting the Institute for a grant, MacArthur took note of several credentials: the Institute had carried out numerous successful work-related studies and action projects since its founding in 1975; it had a reputation for identifying and clarifying the state of the art on issues of interest to employers and unions; and it had manifested a lasting interest in work-family and educational issues. Not least, the Institute had access to a powerful corporate and union network for dissemination of results.

Will employers and unions agree to provide school-related advice to parents? We believe they will. In recent years their interest in education has grown because so many entry-level employees lack basic skills needed to perform well on the job. Employers have tried to exert influence by adopting schools, sponsoring education fairs, and supporting reform and legislation; but they have come to see that education begins at home. The problem is how to stimulate educational activities at home without intruding in employees' private lives.

Employees are aware that education is increasingly vital to their children's futures, but few know what to do about it. Single parents, a growing proportion of the workforce, face the greatest difficulties. They know what doesn't work—scolding, nagging, threatening, ignoring, needling, punishing. Worry about children's schooling distracts parents' minds from work; employers should see an advantage in helping to relieve their concern. And since most union members in the U.S. have middle-class ambitions for their children, unions also have an interest in providing advice and counseling about school success.

Developing Worksite Programs for Parents

The objectives of our proposal were to determine what approaches were being used by school-related programs for parents, and how well they worked; to adapt successful programs to the workplace; to develop printed and other program materials and make them available to employers and unions; to advise users on how to publicize programs to their employees or members; and ultimately to set up a network to accelerate diffusion of such programs.

We proposed to use Employee Assistance Programs as the primary vehicle for offering advice to parents at the workplace. However, our National Advisory Committee for the project—two dozen representatives of industry, unions, education, and the EAP field—persuaded us to broaden our focus since many EAPs hesitated to deal with programs outside of alcohol and drug counseling. They suggested that other kinds of employer and union activities, such as community relations, business/school partnerships, child care centers, and literacy efforts might gladly welcome programs to help parents help their children.

As we examined the state of the art and listened to experts, we decided what attributes a program needed to make it suitable for the workplace. It should be readily accessible to employee parents—lunchtime brown-bag workshops, for example. It should require little or no prior commitment by parents—each workshop should be worth attending in its own right, even if a series might be better. Parents should feel they are dropping in, not that they have to come. A program should be enjoyable, so parents will return voluntarily and spread the word. It should provide simple activities that parents will share with children at home. The content of each program should be educationally sound. The employer or union should be able to choose among programs containing a variety of subject matter. (Given employers' concerns about technological challenges, we felt that math and science would be of particular interest.) Finally, they should cost the employer or union as little as possible.

Over the course of a year we identified five outstanding programs that had worked successfully in school-related situations. We arranged to have them adapted to meet our criteria for the workplace, and then presented them at the meeting on May 25, 1989. They were as follows:

- **Parents' Q and A Library.** A display of twenty questions that concerned parents typically ask about school children (for example, "How can I get my child to do his/her homework?"), and a matching set of brief, easy-to-read instructions for painless activities at home that will produce the desired results.
- **Reading Aloud.** A set of one-hour, stand-alone workshops in which parents get the hang of reading aloud to their children and stimulating them to read more. The workshops also provide practical advice on how to obtain good books that children will enjoy.
- **Family Math.** A set of one-hour, stand-alone workshops in which parents learn about the mathematics subject matter their children are studying so they can discuss it comfortably. At each workshop they try

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Help Wanted!

Photo: Tyroler-Montgomery County Public Schools

Recently a group of parents was given an assignment to write a classified ad for the position of Parent. Their job descriptions included the following:

"24 hours per day, 365 days per year position available. No vacations, no pay. Duties unpredictable. Benefits intangible."

"Must be loving, yet firm; organized but flexible; mature, but young enough to possess unlimited energy. Sense of humor an asset."

"Minimum qualifications: degrees in psychology, child development, education, nursing, and management. Additional training helpful. Must possess valid driver's license."

Parents these days do have a difficult job! In Montgomery County, Maryland—a suburb of Washington, DC—family life has changed dramatically the past two decades, with more mothers employed, more parents divorced, and many remarried with stepfamilies. Neighborhoods are quiet, children spend their time in day care, structured programs, or self-care arrangements.

A large mobile population includes government employees, diplomatic families, immigrants, and refugees who are new to the area, the country, and the culture. Traditional support systems are not readily available for a major segment of the community. High pressure jobs, fast-track careers, long working days, and lengthy commutes separate family members from one another. The relentless stresses on parents spill over onto their children who are expected to be independent high achievers early on. All of this impacts on the schools. And while educators can't solve family problems, they can offer information, support, and resources to help parents as nurturers, teachers, and role models for their children.

In the Montgomery County Public Schools this is effectively done through the Department of Adult Education. Because of the vital link between early learning and later school achievement, parents are valued as their children's first and most influential teachers. To support them in this role, parent-child development classes were launched in the early 1970s.

As family and community life changed, parent education evolved into a comprehensive program designed to strengthen families. Renamed Parent Education/Family Support Program, it remains within the Adult Education framework where parents are considered adult learners with a rich repertoire of knowledge, skills, and life experience to contribute to the program and to share with one another. Various program components provide opportunities to discuss issues, share ideas, and solve problems with the guidance of a parent educator. They include a series of parent-child classes based upon the age of the child; courses, workshops, and seminars for adults; a Working Families support program; four drop-in parent centers; and a telephone helpline to assist in problem-solving parenting, family life, and home-school issues.

The most consistently popular of these services are the parent-child drop-in centers where children can meet new playmates and try out toys and activities while parents get ideas for age-appropriate home activities and learn more about parenting. Because of their flexible hours, convenient locations, loosely structured programs, and informal atmosphere, they are accessible to employed and non-employed parents and caregivers. An increasing number of grandparents with full-time child care responsibility use the centers on a regular basis as do parents who are new to the area.

The typical scene in these centers is busy and crowded with a comfortable mix of ages, sexes, and cultures. Parents, day care providers, sitters, and grandparents interact with the toddlers, admire the babies, browse through the books, and swap child-rearing ideas and experiences. An early childhood/parenting educator is available. People have found help in coping with homelessness, postpartum depression, grief, disability, spouse abuse, and divorce, as well as everyday challenges like toilet training and sibling rivalry. Another successful parent-child program, "A Day with Dad," meets on Saturday mornings and features learning through play, field trips and outings, and discussions on fathering topics.

Not all family support programs are for parents only; "Super Sitter Seminar" trains adolescents to be competent babysitters, and "Nanny-Toddler Playgroup" serves a small group of live-in caregivers. The "Family Day Care Enrichment Program" has been developed for providers and the children in their care, featuring a quality preschool experience for the children while providers discuss professional issues. Home base for this program is the Working Families Center, which promotes partnerships between parents and the providers who care for their children.

The most time-honored support group for young parents is, of course, the extended family. Among our favorite offerings are those designed to enhance intergenerational family relationships: "Grandparent Update" outlines the latest theories and practices in childbirth and child care; "Long Distance Grandparenting" suggests ideas for building close relationships in spite of the barriers; and "Family Traditions" explores the value of family rituals, folklore, and stories in satisfying our universal need to belong.

Although we have provided outreach programs for incarcerated and homeless parents, most of our programs are held in school buildings. Directly related to the school program, one especially popular seminar taps top-ranking school officials to lead workshops designed to provide insights into the factors that promote school achievement. Parents appreciate the opportunity to interact on a personal, direct level with top professionals and school officials who in turn become better informed about parent concerns.

Indeed, parents, children, and educators all benefit from the school system's commitment to family support initiatives. These programs, while diverse, serve a common purpose: to support and enhance family functioning. The parents who attend develop strong families as well as positive attitudes toward school. Their children develop self-esteem, confidence, and motivation—qualities that help them succeed in school and throughout life. As one parent wrote on a program evaluation: "I think this is one of the best uses of our tax dollar."

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The Parent Education/Family Support Program is a member of the Family Resource Coalition.

School-Age Child Care and the Public Schools: A Response to Families' Needs

by Michelle Seligson

Parents often think that an end to their often expensive and difficult-to-arrange child care is very near once a child enters the formal education system. But for many parents, their child care problems may begin anew. Although full-day, year-round child care is more widely available for preschoolers, few options have been accessible for both young and older school-age groups. While there is consensus that young children in grades K-3 must have adult supervision during out-of-school hours, we aren't so clear about the age at which older children can manage on their own.

In surveys, parents report that the number of children who are on their own after school hours begins to rise dramatically at age 8 and 9 years; by age 10, 60–70 percent of children are on their own. Best estimates indicate that by 1995, more than three-fourths of all U.S. school-age children (35 million) will have mothers in the out-of-home work force.

The child care arrangement most working parents now use for their school-age children is the "latchkey" option. A major survey of these parents found that most reported spending little or no money for child care even though the parents worked full-time and the child's school day was shorter than the parent's work day.

Thus, many parents make do with the partial care provided by schools during the regular school day. Reasons for this choice reflect family income and spending ability, parental preferences, and lack of access to and information about desirable alternatives.

School-age children who are on their own may be given instructions about safety practices, management of certain household tasks, sibling care, and completing school homework assignments. Play and social opportunities may or may not be emphasized. Reliance on this type of alternative for children should be carefully considered. We know that play, socializing, taking initiative, being free to be *Robinson Crusoe* explorers go together with the development of competence in children. Protecting these criteria, essential for healthy childhood, is an important part of the social contract. But children who are alone for long periods of time may become over-vigilant about their safety in the absence of adult supervision and attention. Play then becomes a luxury.

The majority of our institutions have not yet adapted to the changing needs of parents of school-age children. This has been especially true of most public schools where schedules still assume that someone is home at the end of the school day, and school often starts in the morning after many parents must be at work. Most public schools have not made the kind of deep, systemic changes that are necessary to be truly responsive to families. Such changes would involve extending school hours, days, and calendar; employing additional personnel to help parents find good after-school arrangements; and providing transportation for children from school to child care arrangements.

Photo: Vin Greco

This disjuncture between assumptions about traditional roles of schools and other community institutions and the actual practices of families with school-age children establishes what amounts to an institutionally sanctioned practice: a majority of children are in self-care arrangements, despite what we know about the developmental needs of children.

But things *are* changing. Within the last ten years, awareness of the "latchkey" issue in the United States has been widely evidenced in the national press and at the local, state, and federal level. Many of the child care bills proposed in the 101st Congress included school-age child care. A federal funding bill was passed in 1985 that has provided about $30 million in start-up and improvement funds for school-age child care, delivered in a block grant to the states.

Concerns about latchkey children have focused on safety, physical and emotional health risks, stress experienced by both children and parents, and on poor school performance. A Louis Harris opinion poll of American public school teachers and parents of school-age children conducted in 1987 revealed that a majority attributed poor school performance to "children being left on their own after school." This factor was cited more often than drugs, poverty, or divorce, among a number of other factors.

Formal Care Arrangements: School-Age Child Care Programs

New school-age child care programs, formally organized and administered by a variety of groups and institutions, have developed during the 1980s including private and public schools, day care centers, youth-serving agencies, religious institutions, and municipal park and recreation agencies. Many of these programs have their roots in the settlement house projects of the early 1900s, in the public school-based programs established during the 1940s, and in the parent cooperative nursery school/day care movement of the 1960s.

In a 1988 survey of state departments of education and day care licensing agencies, the School-Age Child Care Project found that most states report shortages of school-age child care and note that demand is rising even as more programs are developing, especially in school districts.

Schools are emerging as a major player in partnership arrangements to provide school-age care, and are also increasingly providing care, although school funds are rarely used for this purpose. According to a 1988 survey by the National Association of Elementary School Principals, 22 percent of 1400 American elementary and middle schools reported having some form of after-school program. Most school-based programs are supported by parent fees which average $25 per week.

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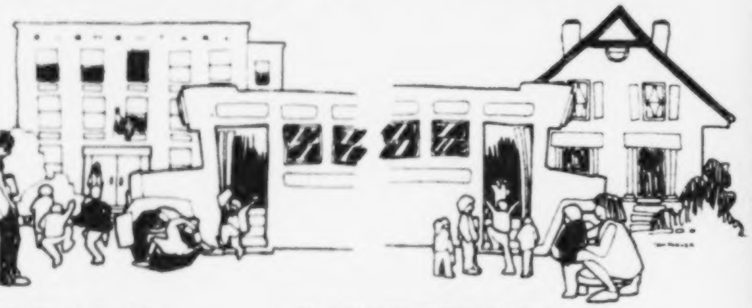
Michelle Seligson is Director of the School-Age Child Care Project at Wellesley College Center for Research on Women. Since 1978, the Project has conducted research and provided technical assistance, training, and public education on school-age child care to individuals and groups throughout the country. Among the Project's publications (see Resource File) is a new book to be released in fall 1989, No Time to Waste: An Action Agenda on School-Age Child Care.

For more information, call 617/235-0320 or write to the Project at Wellesley College, Wellesely, MA 02181.

Families Grow the Children

By Gail C. Christopher



On a recent Saturday night in Chicago, I searched the street for a parking place before entering a restaurant. A group of twenty or so teenagers crowded the only curbside space, and my initial reactions were fear and hesitation. But I looked more closely into their faces and eyes, and saw a mirror of America's youth. They were hanging out because they had nowhere else to go. Some were run-a-ways, some dropouts. Some would finish school prepared to succeed in the work world, but many more would finish high school and be unemployable, functionally illiterate.

One in four students in our nation's public schools live in poverty; between one-quarter and one-third have no one at home after school; and at least 25 percent or more will not complete high school. Minority student enrollment ranges from 70 to 96 percent in the nation's largest public school systems. Many of these students face a high risk for school failure.

Forecasts of labor shortages, and rising illiteracy and dropout rates have fueled a school reform movement in America. Approximately five years old, this movement has valuable lessons to teach us. Like children who are about to enter kindergarten, lessons learned during the early years may well determine future success. Does the school reform movement have the foundation it needs to go on to higher levels? Are the basics in place? The next wave of school reform will focus on governance by local parent schoolboards, on options or choice of schools, and on increasing standards and rewards for the teaching professional.

The Family Resource Coalition believes that a basic component—the critical role of the family as a partner in the education process—has been neglected. Parent-school partnerships have not been fully explored or developed as part of the school reform process.

At the critical five-year juncture, the Carnegie Foundation for the Advancement of Teaching issued a *Report Card on School Reform*. It surveyed more than 13,500 teachers to find out how they felt about the first five years of the most sustained drive for school renewal in our nation's history. Their findings reveal that in its early years the school reform movement has emphasized graduation requirements, student achievement, and teacher preparation. There has been a decline in overall teacher morale and a decrease in the fiscal health of schools. Other reviews of the reform movement's first five years point to its success in increasing standards and student expectations, accompanied by its failure to provide resources needed to assure that *all* students can achieve.

Public Schools Then and Now

The public school system is our government's oldest and most ambitious initiative designed to assure individual socialization and preparation for successful interaction in the larger society. From Jeffersonian times, political and academic leaders believed that education was the key to realizing liberty in our democratic society.

Ingredients that accounted for the original success of public schools are important:

1. Schools were universally available and community-based; every child had a right and opportunity to access free education.
2. School hours and annual schedules were tailored to meet economic and work realities of families; the winter-in and summer-out calendar was responsive to the production and labor needs of the then-agrarian society.
3. School personnel and school leadership reflected the local community and had opportunities to know and interact with local families.

These three fundamental aspects have changed dramatically. Today's economy is no longer agrarian and outdated work/school schedules are inappropriate for families. Millions of today's students are unsupervised for several hours after school and millions miss valuable opportunities for learning during idle summer hours. Schools have not responded to changes in either the economy or labor patterns of society.

Second, school personnel and leadership often do not reflect the ethnic and socioeconomic pattern of the local community; there is very little interaction between teachers, principals and families.

Finally, the dollars needed to maintain the community-based structures as viable community resources are no longer available in many areas. In 1979-80, the federal government contributed 9.2 percent of the total school dollar for elementary and secondary education. By 1986-87, this figure had dropped to 6.7 percent and these dollars are, to the greatest degree, targeted to a few programs for families with special needs but not available for improving school structures or increasing local resources.

The Heart of Education

Is there a link between the *Report Card on School Reform* and the shifts in the fundamental relationships between schools, families, and communities? Dr. Ernest Boyer, in summarizing the findings of the Carnegie *Report*, stated that, "The relationship between the teacher and the student is the heart of education, and only when improvements reach the classroom will excellence be achieved."

Results of our review of successful school-parent-community partnerships supports Dr. Boyer's assertions, but further illustrates this "relationship between the teacher and the student" is influenced by other pivotal relationships: the student/family relationship; the teacher/family relationship; and the relationship between the school and the community.

While the public school system is, indeed, our governmental initiative to assure education and societal readiness, it is only a support and adjunct to the primary institution of socialization and education—the family.

Attempting to renew schools without aggressive outreach to families is like moving into elementary school without benefit of kindergarten or preschool. Families are the soil in which children are planted and the ground in which they grow. While communities and their institutions may fertilize and cultivate, it is families who grow the children.

Successful school-parent partnership programs embrace this basic tenet and provide opportunities for parents to be actively involved in readying their children for school and/or in supporting them during their school years. This issue of *The FRC Report* depicts how family resource and support programs have helped bring renewal and reform to many schools and school districts. Successful schools work in communities that work with them. Of course, successful schools are also those that have improving or high rates of student completion, high student literacy levels, academic achievement, and preparation for the world of work. This is often coupled with high teacher morale and commitment and with creative parent involvement.

Illustration Courtesy of Cornell Family Matters Project

Family Resource Programs Generate Quality Relationships

Because human interaction is the most important ingredient in education, school practices should enhance rather than suppress this interaction. Family resource and support programs are important vehicles for generating quality human interactions between teachers and students, students and parents, and parents and schools.

This process begins with quality preschool programs and interventions during the child's critical early years. The National Governors Association, the Committee for Economic Development, and major foundations like Ford and Carnegie have all echoed a harmonious note about the importance of investing in the early years to enhance parent-child relationships. Research is now replete with evidence that supports the efficacy of these programs.

We at the Family Resource Coalition wish to broaden the discussion, however, to emphasize that the parent/child-teacher/school relationship is enhanced throughout the school cycle when the principles of family resource and support programs are embraced.

Unfortunately, as children get older, the parent/school partnership often dissipates into a mandated visit to pick up report cards and/or a crisis conference. It is perhaps the adolescent years that require more parent partnership, not less. We are challenged to solidify the relationship between families, children, and schools, and to support parents in their parenting roles during the school-age and adolescent years. Family resource and support programs can play a vital role in this process.

While diversity is the hallmark of family resource and support program models, as our descriptions will illustrate, they are grounded in some fundamental principles:

1. Their business is the business of relationships. They teach, model, inform, and validate the challenging process of parenting and family management, thereby promoting a sense of empowerment, success, and control in the lives of families. The esteem and confidence of parents and children are increased.

2. They are universally available. Generated by the belief that all families need support at some time, successful state and local initiatives have not been targeted and are not associated with any stigma.

3. They bring resources to the local community—tangible resources that strengthen neighborhoods. Children and parents have places to go, opportunities for recreation and self-expression, and parents can get needed feedback and guidance.

4. Programs' content, staff, and administrators reflect the ethnic and socio-economic profile of the community.

5. They are designed to promote optimum access by parents. Hours are flexible and tailored to economic and work realities of the community.

Schools Work in Communities that Work with Them

Is this *deja vu?* Most of these principles were inherent in the original public school system in America—schools that helped to build and foster our sense of neighborhood and community. The public schools were originally designed to support individual and family success. What happened? What's been lost? The rapids of economic and bureaucratic growth, societal change, and the consequences of neglect have caught up with us. Perhaps now that the education reform initiative has survived its early formative years, it needs the special attention of a "kindergarten experience"—that special time in which the demands of transition are considered, when the child ideally receives more individual attention, and activities are designed to address most basic developmental and psychological needs.

While family resource and support programs and related state initiatives are not panaceas, they are missing links in the school reform movement. They provide opportunities for enhancing the most fundamental development of school renewal by fostering caring, sensitive relationships between all factions, and by addressing the specific needs and priorities of the families and communities in which they exist.

FRC Goals

Our goals for the school reform movement during this critical stage in its development are simple:

1. We would like to see an understanding of the principles that underpin family resource and support programs integrated into planning at federal, state, and local levels. These include:
   - universal access to programmatic support for all families;
   - cultural and ethnic sensitivity;
   - generative relationships between teachers/families/students and communities, based on respect and trust; and
   - flexibility and creativity in program design and structure.

2. We would like to see a plan for implementation of family resource and support programs in each of the 16,000 school districts in communities throughout America.

3. We would like to see each of the 39.7 million students enrolled in public schools have access to a family setting that is functional and engaged in the child's school experience. This may require peer support for parents, self-help, and/or referrals for professional intervention.

4. We would like to see federal, corporate, state, and local agents combine their efforts to generate an increase in fiscal resources within school districts that will support building parent-school partnerships.

Timing is critical as the school reform movement goes forward into a new phase. Every school district deserves the technical assistance, individual attention, and fiscal resources necessary to implement effective family resource and support programs. We advocate that the school reform movement prioritize outreach efforts that strengthen families and empower them as partners in the success of their children. The success of the education system, and indeed of our nation's youth, may well depend on how we address these very basic human needs and relationships during this pivotal transition phase.

Dr. Gail Christopher is the Executive Director of the Family Resource Coalition. Formerly, she directed a Chicago-based human services organization, FAMILIES, INC., which designed and administered family resource and support programs for at-risk families. She has provided related technical assistance and training for local and national organizations, and is currently advisor and training consultant for the national education program, Immigrants All... Americans All. You may contact Dr. Christopher at the Family Resource Coalition, 230 N. Michigan Avenue, Suite 1625, Chicago, Illinois 60601

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Improving American Education: Can School Choice Make A Difference?

Parental Choice in Education: Diverting Attention from Proven Programs

by **Augustus F. Hawkins**

Chairman, Committee on Education and Labor, House of Representatives

In recent years, new efforts to reform public schools have appeared with increasing frequency, particularly following each reported decline in national test scores or the latest unfavorable comparison between American students and their Japanese counterparts.

The latest attempt to reform public education goes by the name of parental choice. Just last month, Education Secretary Lauro Cavazos outlined a plan to promote choice through the creation of a department task force, a series of national strategy meetings, and an emphasis on choice programs in awarding about $5 million in federal grants for innovation.

Ironically, this plan was announced on the heels of a Bush administration budget request for education that was about 5 percent less than last year. Moreover, the administration appears to be replacing its responsibility to properly fund and implement federal education initiatives with a huge promotion effort for the relatively cost-free but unproved choice alternative.

I believe that the adoption of a parental choice plan—where parents cross traditional neighborhood boundaries in picking their children's school—would drain resources from urban schools, upset racial balances, and pose transportation problems and financial hardships for poor and low-income families.

Choice, as currently being proposed by the Bush administration, is offensive to democratic ideals and a threat to equality of educational opportunity.

Moreover, the choice movement has the potential to become a federal cost-free way to implement school reform without accountability which, in the final analysis, could hinder effective management and reduce parental involvement in education.

Regardless of the size of the program or the extent to which choice is allowed—within a state, a district, or region—the problems are the same:

- Choice is not tied to school improvement, instructional quality, fiscal support and accountability, or individual student's academic performance. These are the essential elements of school reform.
- Choice is based on concentrating financial and instructional resources and personnel in a few good schools at the expense of others. This is the educational equivalent of competition in the marketplace. Such competition may create low prices on VCRs, but will not make American students academically equal to their Japanese counterparts.
- Choice accentuates class, race, national origin, and other distinctions.
- Choice, in the final analysis, leaves one major question unanswered: what happens to the inferior schools and students left behind?

The concept raises serious policy questions for virtually everyone involved in public education, including parents, teachers, and school administrators. In the coming months Congress will be examining choice and making decisions on the future of this strategy.

Currently, choice programs exist in a variety of formats in a number of school districts across the country. The broadest public school choice program by far is in Minnesota, which is scheduled to be fully operational by 1991. In New York, community school district #4 in Harlem has a much more narrow approach involving only junior high school students choosing their high schools from a series of alternative programs.

One of the most serious questions is the likelihood that two classes of schools would be created. Parents unable to afford the extra money for transportation or other costs associated with choice could be overlooked by administrators and educators. One school would thrive, one would be inferior.

The federal government must protect the rights and opportunities of the economically disadvantaged children left out of the choice program. These are the children who will make up 80 percent of the labor market of the next century and the ones on whose skills the nation's future economy is relying.

The schools abandoned by the more sophisticated parents or those with greater resources would deteriorate, reducing the quality of instruction and education. Finally, funding for those schools would be reduced causing even further inequalities for thousands of students. Choice would then become a tool for elitism or separatism.

Choice proponents often argue that it is the ultimate in parental involvement. But quality education has always involved parental participation and the recently improved Chapter I legislation could serve as a model for strong parental involvement. Simply giving parents the option to choose a school will not necessarily enhance their involvement.

In addition, many parents could have increased expectations with the new school only to find that the instructional quality has not really changed. Choice is, to a certain extent, a marketing tool to improving schools. But without necessary resources, good teachers, a strong principal, and a positive environment, a student's chances for success are very limited. These factors should be utilized now to improve neighborhood schools.

Many of the major social problems that parents, children, and schools face today—drug abuse, racial segregation, teenage pregnancy, and the problems of at-risk students—cannot be effectively addressed by choice.

Educators, government leaders, and teachers know where the solutions to these problems lie. Quality early childhood education, increased federal funding for remedial education, and strong drug prevention education will do more to address social problems facing schools than any choice experiment.

Available research and experience with choice do not support continued national efforts in that direction. In Minnesota, for example, only 435 students in the entire state chose to transfer to different districts last year. Some of those transfers may have been for athletic not academic reasons.

In addition, the bottom line of education reform movements is the belief that offering a particular option will improve students'

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Photo Tyroler-Montgomery County Public Schools

Parents Need Choice and Schools Need Parents

by **Lauro F. Cavazos**

Secretary of Education

Parents provide the most basic foundation of their children's lives. They have the responsibility for choosing what the children wear and eat, how the children are brought up, where the family lives, and where the family worships. Yet our system of education, for the most part, has not allowed parents to choose where their children will attend school.

For too many years, only affluent families had choices for their children's education—choices bought and paid for through private education. Now, in more and more communities, moderate- and low-income families have options. They, too, can participate in realizing this most important goal for their loved ones—a quality education.

National polls show that 71 percent of the general public, 76 percent of all parents, and 77 percent of minority parents support choice in education. If parents are given choices, provided with the support needed to make informed choices, and then allowed to choose, they can and will play a leading role in determining how to meet the academic interests and needs of their children.

The right of parents to be involved in educational choices is a moral right and a moral imperative in a free society—especially one that wants to remain free and to grow and flourish. Recently, the *Los Angeles Times* reported that in the L.A. Unified School District, "some parents have been accused of shopping for schools that have better teachers and historically higher test scores." Is it wrong for parents to want the best for their children? Parents should be able to make educated decisions regarding their children's education. And no one should have the right to put them under a cloud of accusation for wanting to place their children in the schools where they will thrive and flourish.

The choice approach recognizes that there is no one best way for everyone. Children have different needs and learning modes. Teachers have different approaches, parents have different philosophies. Choice allows schools to draw strength from diversity by developing and offering different programs. Choice allows each school to excel.

In nearly two dozen states, programs promoting parental choice and alternative learning are already in place or being considered, or pilot programs are being tested.

In fact, wherever choice programs are in practice—whether in Boston, East Harlem, or throughout Minnesota—grassroots commitment to and involvement in education have been revitalized, and that revitalization has set the scene for great strides in achievement. And as parents have become more involved in the process, education and learning have improved.

The very successful East Harlem program of alternative middle schools, for example, has thrived under some tough circumstances. The program is centered in one of New York City's poorest neighborhoods. Approximately 65 percent of the population is Hispanic, 34 percent Black, and 1 percent Anglo. East Harlem has the eighth highest rate of welfare recipients in the 26 poverty areas of New York City; 31 percent of the population is receiving assistance from the Department of Social Services.

Before the institution of choice reforms, people were running from rather than to schools in East Harlem. At that time, less than 15 percent of the students in this district were reading at their grade level, and East Harlem ranked 32nd out of 32 districts in reading and math.

Because of choice, we have seen remarkable changes in East Harlem. Today, more than 63 percent of the students read at or above grade level, and the number of youngsters being accepted into New York City's prestigious, selective high schools has risen dramatically—from 10 the year prior to choice to 250 last year.

Once parents have exercised their choice of schools, they tend to have greater involvement in the day-to-day activities of the school. In New York, for example, one study showed that 50 percent of parents regularly participated in school activities in almost half of the schools studied.

In Cambridge, Massachusetts, the city school system established a Parent Information Center as part of its choice effort. Since 1981, all elementary assignments, whether the student is new or transferring from elsewhere, are initiated by a parent coming in person to the Parent Information Center. At the center, parents can learn about the available alternatives and make decisions according to what they believe will work best for their child. The program is so successful that each year when school opens, nearly 90 percent of all students are in their first-choice schools and more than 95 percent are at one of their chosen schools.

Minnesota has been putting the nation's most ambitious statewide choice program into effect since 1985. The Minnesota program offers open enrollment across district lines, area learning centers, and post-secondary options that allow public school 11th and 12th graders to attend colleges, universities, and vocational schools. As a result, 90 percent of parents said their children learned more, and 95 percent of the students said they were satisfied with the program. In addition, because of the alternative learning centers and the high school graduation incentives program, thousands of youngsters who had previously dropped out have returned to the classroom.

Choice empowers parents by bringing them into the decision-making process. Studies have shown that parents who are able to choose their child's school are more involved with the day-to-day education of their child. They attend more teacher conferences and make more classroom visits. Many parents even do volunteer work at the school.

Choice also encourages teachers and principals to become entrepreneurs and to structure the school's curriculum and standards based on specific local needs; students are encouraged to become learners with options that give direction and momentum to their potential.

Some critics say that choice promotes a two-tiered system of education—one system for the fortunate and another for the disadvantaged. It is blind not to recognize that inequities already exist in our schools. Critics assume that choice cannot be exercised in

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EPIC: Effective Parenting Information for Children

by Sandra B. Rifkin

One of today's greatest challenges is to reverse the self-destructive tide which threatens to erode the lives of a significant portion of American youth—through drugs, alcohol, and child abuse; teenage pregnancy; school dropout; and suicide.

Representing an educational breakthrough, EPIC (Effective Parenting Information for Children) brings the total assets of family, school, and community together in a single determined effort to reach children in their earliest years. EPIC's primary prevention effort is to assure the development of strong character as a basis for becoming competent and responsible parents and citizens.

EPIC was founded in 1980 by a Buffalo, New York businessman who turned the personal tragedy of his wife's murder by an adolescent burglar into a realistic program designed to prevent self-destructive behavior. The premise of EPIC's work is that school, home, and community—the three major influences in a child's life—are mutually supportive and reinforcing, and that parents or guardians and teachers, together, can help the child develop those skills that encourage responsible person- and parenthood.

EPIC works in a variety of ways to accomplish that task. In the schools, it takes the form of a sequential parenting skills curriculum that is infused into subjects throughout the instructional day. Parents are involved through workshops that bring them together to discuss their concerns and gather support. The program is based on the belief that preparation for parenthood begins early, when children are busy developing attitudes and behaviors that, with maturity, become the skills, attributes, and attitudes requisite for successful and positive parenting.

The School

EPIC provides teachers of pre-kindergarten classes through grade 9 with a well-planned group of activities that can be integrated in all subject areas. Based on identified concepts and skill competencies, the activities help children explore, identify, and develop higher levels of the affective skills. The curriculum covers three general categories: improvement of self-concept/self-esteem; development of responsible behavior through rules, rights, and responsibilities; and development of problem-solving and decision-making skills.

In addition to teachers, EPIC also trains school support staff such as bus drivers, teacher and cafeteria aides, clerks, and maintenance personnel in the importance of their impact on children.

The Home

The home component takes the form of parent workshops held both during the day and the evening at schools, churches, hospitals, and community centers, and led by volunteer EPIC-trained facilitators. These workshops offer information about parenting concerns, an opportunity for parent-to-parent idea exchange, and a way to forge stronger links between the home, the school, and the community. Often the workshops are viewed as an important social event. A series usually consists of six two-hour sessions held weekly, but some groups have lasted for several years.

EPIC-trained volunteers offer childcare at most locations as a source of support for parents and guardians, fostering the same type of skills that are stressed in the school curriculum.

All community agencies such as Child Protection Services, Parents Anonymous, etc., are notified of the parent workshops in advance so they can make client referrals. School counselors and social workers likewise make referrals to the groups. Community agency personnel also take advantage of EPIC's facilitator training that enables agencies to hold EPIC workshops at their own sites, some of which are non-traditional such as homeless hotels, methadone clinics, alternative residential homes, prisons, and high schools for teen parents.

Since 1981, 4,700 workshops have been implemented by over 2,000 trained volunteer facilitators. EPIC supplies manuals for parents of elementary age as well as adolescent children, and the workshops cover a variety of pertinent topics. Facilitators are trained in group dynamics and program content by expert consultants in two six-hour sessions.

The Community

In the community, EPIC presents a total action plan to help children grow to be responsible, loving adults. Whether the plan requires help from social service agencies, participation by school staff, or recruitment of workshop facilitators, EPIC weaves people and services into a unified, committed network.

The EPIC program has been adopted by more than 200 communities and schools including sites throughout New York State; Dayton, Ohio; Chicago; Oakland, California; and soon to be New Hampshire, New Jersey, and Massachusetts. A nonprofit organization, EPIC's financial support has come from government grants and private foundations and contributions.

The entire EPIC package consists of a Coordinator's Procedures Manual; Teacher and Parent Manuals for pre-kindergarten-grade 3, grades 4–6, and grades 7–9; Facilitator Manuals for both elementary age and adolescent children; and a Childcare Manual. Parent and Facilitator Manuals are also available in Spanish. All components are implemented through quality training.

Conclusion

An outside evaluation in 1983-84 found that in both areas of self-concept and responsible behavior, EPIC students in grades 4-6 evidenced greater positive changes than control group pupils. This resulted in validation of EPIC as an "Exemplary Program" by the New York State Education Department. EPIC's research has found teachers rate its curriculum very highly and easily infusible into the academic curriculum; a majority of their students demonstrate a positive change in the three program areas. Research on the Home Component has found that participating in the workshops improves the self-confidence of parent participants, independent of the type or language of workshops.

EPIC's mission is to provide high quality parenting education to help develop strength of character and self-esteem in young people. This, in turn, provides them with a reservoir of skills necessary for facing difficult decisions throughout their lives.

Sandra B. Rifkin is president of EPIC. She was a New York State delegate to the White House Conference on Families, and co-founder and past president of Parent Aide Community Effort (PACE) of Erie County (NY), a child abuse prevention project. Ms. Rifkin has been a child advocate for the past twenty years. EPIC is a member of the Family Resource Coalition.

Contact Sandra B. Rifkin, EPIC, State University College at Buffalo, 1300 Elmwood Avenue, #319 Cassety Hall, Buffalo, NY 14222
716/886-6396.

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Are We Doing What's Best ?

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Are We Doing What's Best for Our Children?

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What's Best ? ? Are We Doing What's Best ?

Are We Doing What's Best ?

Best ?

by Paul James Kendall and Vicki Hague-Kendall

After the birth of our first child, we began to look closely at the Chicago Public School System. It seemed logical to us, as products of public school education in other Midwestern cities, to enroll our child in the neighborhood public school. However, after visiting a number of them and attempting to become involved with our local school's parent organization, we developed some concerns. We found that schools varied widely in how they handled children. Such mundane procedures as how they respected children's bathroom time differed from school to school. We also found that some schools were not interested in our wish to be involved or our offers to volunteer. In fact, one principal stated at a community meeting that "parental involvement messes up a school." At that moment, we were confronted with how difficult it would be to protect our ideologies.

Our concerns, as well as a strong desire to give public education a chance, led us to increase our level of involvement in school-related matters. Vicki became director of an after-school program which let her observe how different local schools worked with children and families—how much care was taken to get children aboard the correct bus after school, how schools responded to emergencies in a family, what kind of homework children tended to receive, and how other parents felt about their schools in general. As a result, we developed a list of basic factors on which we could judge the worth of a school for our family.

As our daughter neared kindergarten age, we pursued the magnet school system. Because children of friends had been readily accepted into these schools, we joked about our daughter being the brightest youngster in the city and assumed she, too would be accepted. When we received a notice that she had not only been rejected but was also considered unprepared for kindergarten, we were quite upset. Later we found that her allergies had apparently acted up on test day and resulted in poor performance on one portion of the test. This outcome increased our skepticism about the value of testing for kindergarten readiness, and intensified our hunt for a suitable school.

During this time, Vicki heard a kindergarten teacher speak at a community forum; her attitude toward children and obvious pride in her school led us to a visit. We were warmly received and found a caring attitude toward the students. These were important factors and helped us to decide that while we could supplement some educational elements, we could not make up for an environment that did not respect children, or that was too lax or overly rigid. We wanted our children to feel safe, supported, and encouraged, and felt we had found a school where these things could occur.

We arranged for a permissive transfer and our daughter started school and seemed happy with her experience; our own volunteer work in the classroom confirmed that things were going well. Some difficult areas did arise, however. The school we had chosen was largely unknown to our peers who commonly asked, "What school?" or "Do you really think your child will get a good education there?" We longed to hear, "Oh yes, I have heard of that school—you were lucky to get in!" We reviewed our decision on a regular basis and were firmly convinced this was indeed a sound school. What it lacked was a PR program to encourage other parents to feel confident enough to enroll their children.

Therefore, we chose to continue our involvement with the school with an eye toward helping other families consider it as an option. Paul became active in the District Education Advisory Council which brought him into contact with parents and administrators of other schools. Vicki talked with parents and suggested the school as an option whenever it was appropriate. Paul continued his community activities, often representing the school at public meetings. And slowly, signs of public awareness and interest in the school became evident. Moreover, the administration worked with the PTA to look at new outreach approaches to the community.

In addition, we chose areas of interest within the school; we worked with the PTA to help organize and motivate the activities of the parents and staff, and encouraged and promoted the many positives of the school. As the staff realized we were not there to criticize or to dramatically change things, they became more helpful and offered their own ideas for school or PTA projects. We felt that being dependable and supportive was crucial in our relationship with them.

Right now there is a waiting list for kindergarten and an active group of parents are involved in supporting the school by raising funds, providing PR, and assisting in the school. While all this has come about due to a variety of factors, we feel satisfaction in playing a key role in ensuring an all-around quality education for our children, while helping a neighborhood school. The hours we commit to the school demonstrate that their education and their daily quality of life are important to us. The value they place on their schoolwork has been one of the dividends for our efforts.

If you are a parent who wants to get involved in a school, talk with teachers and parents to determine their goals and inspirations for the school and its children; think about facets of the school in which you would enjoy working; consider ways to blend your interests with the goals of the staff and then discuss how to implement your ideas with staff and parents.

If you are an administrator who would like to encourage parent involvement, be prepared to explain your school's philosophy concerning the welfare and education of children; have clear goals for the school so you can incorporate parents' ideas appropriately; and welcome the participation of parents and community in carrying out your educational goals.

Paul Kendall is a Senior Safety Consultant for Wausau Insurance Companies, and has a Master's degree in City and Regional Planning. He has served as president of the District 3 Education Advisory Council, Lakeview Citizens Council, Hawthorne Neighbors, Alcott School PTA, and other civic groups and projects.

Vicki Hague-Kendall is director of Partners in Progress, a teen parenting program at Christopher house. She has a Master's degree in Early Childhood Education and has served several terms as president of Alcott School PTA, and is a board member of MidTown Bank Friends of Lincoln Park/Lakeview Schools.

The Kendall family includes their children, Elyssa, aged 11, and Anson, aged 9, as well as Jackie who has been part of the family for six years and attends high school. Contact them at 3217 N. Kenmore Avenue, Chicago, Il 60657, 312/348-8139.

. . . Project Enlightenment . . .

by Charles L. Kronberg and Alice K. Burrows

> . . . A school system-based preschool mental health program . . . prevention and early intervention . . . teacher-parent consultation and education through daycare, preschool, and public school kindergarten programs . . . parent and family education, support, and counseling services . . . teacher training.

These terms and phrases characterize the approaches and services of Project Enlightenment (PE), located in Raleigh, North Carolina. The Project provides a unique blend of educational and mental health services to the community through its interagency linkages. Administratively part of the Wake County Public School System, PE also has contracts with the county mental health system and the Area Health Education Center.

Begun in 1969 as a federal demonstration program with a staff of three, the Project now has a staff of 17 full-time equivalent, multi-disciplinary professionals who provided more than 33,000 service contacts during the past school year. Current funding is provided entirely from local and state sources—55 percent from the Wake County School System, 27 percent from the state and local mental health agencies, and 18 percent from miscellaneous sources.

Recognizing the importance of the first six years of children's lives and the value of support to parents, teachers, and other caregivers during this crucial time, Project Enlightenment has developed a distinctive service model. The fundamental principle of the Project's approach is to give information, training, and support to those adults who are most important in young children's lives, enabling them to use the best practices in fostering emotional/social development.

The Project's service model blends early intervention—those services directed toward young children with identified or suspected difficulties—with prevention—those education and support services available to parents and caretakers of all young children birth through age five. In providing early intervention and prevention services, attempts are always made to look at strengths as well as weaknesses, to serve children in the least restrictive environment, and to avoid the potentially harmful effects of diagnosing and labeling. PE not only imparts information, trains, and build skills, but emphasizes self-help, peer support, and the strengths and competencies of participants as well. Using this model, Project Enlightenment offers a comprehensive array of services to parents, teachers, and professionals which includes:

- **Parent Services.** Any parent in the community may attend parent workshops and courses dealing with issues of general concern such as "Family Discipline," "Your Child's Self-Esteem," or "Living with a Toddler." Relevant specialized courses are also available on topics such as solo parenting, step-parenting, hyperactive children, or self-esteem for children with special needs. In addition, parents can request consultation or counseling around individual concerns.

- **Teacher/Parent Consultation.** Any public school kindergarten, private preschool, day care center, or other child care program can arrange on-site consultation about a child around whom there is a concern. Parents are always involved in the process. Specific services include one or more of the following: observation; educational screening; individualized school and/or home intervention programs; psychological, speech, language, or motor evaluation; referral to and coordination with other agencies. In addition to child-centered consultation, program consultation is also available in areas such as planning, curriculum development, parent involvement, or communication and child management skills.

- **Parent/Teacher Resource Center.** The hub of Project activity, the Center houses an extensive collection of resources available to the entire community. These include a library of books, pamphlets, and audiovisual materials; patterns and ideas for parent- and teacher-made games and activities, with the materials and equipment to produce them; a book and toy exchange; a clearinghouse to disseminate information about services and activities available in the community; and an area where seminars, workshops, and other learning events are held.

- **Other Services.** Project Enlightenment also operates The Demonstration Preschool, a mainstreamed therapeutic program serving children with identified emotional, social, and/or behavior problems and children with no identified problems in the same classroom; First Years Together, a program to provide support and development guidance to families of premature infants after their discharge from neonatal intensive care; Talkline, a telephone information, consultation, and referral service; and Professional Training, which includes teacher and other professional in-service training, and consultation, as well as technical assistance to other communities and internships for university students.

During its twenty-year history, Project Enlightenment has received recognition as an exemplary program on the local, state, and national level, including an outstanding achievement award from the North Carolina Department of Mental Health and a Significant Achievement Award from the American Psychiatric Association. In addition, the Project has been the subject of several publications and was featured as an examplary program in the books *Unclaimed Children*, by Jane Knitzer (Children's Defense Fund, 1982) and *Successful Innovations in Child Guidance*, edited by Lee Judy (Charles C. Thomas, 1982). PE was also named in legislation to serve as a model preschool mental health program for North Carolina.

In an effort to reach beyond the local community, Project staff members have developed publications and other products which include a series of monthly newsletters for parents of premature infants; books and pamphlets on topics such as limit setting, explaining death to children, parent-teacher conferences, tips for working parents, and activities for building confidence in young children; a videotape on involving parents in infant assessment; and a manual and videotape for helping communities develop early childhood resource centers (see Resource File).

PROJECT ENLIGHTENMENT

Charles L. Kronberg, Ph.D., is Assistant Director of Project Enlightenment; Alice K. Burrows is the program's Director. The Project is a member of the Family Resource Coalition.

For more information, contact: Project Enlightenment, 501 S. Boylan Avenue, Raleigh, NC 27603, or call 919/755-6935 to arrange a visit.

National Organizations

National Committee for Citizens in Education

10840 Little Patuxent Parkway, Suite 301
Columbia, MD 21044, 301/977-9300

A 16-year old nonprofit organization, NCCE is a national advocate for parent involvement and for promoting local action to improve the quality of public education. They are involved in collaborative dropout prevention projects; they offer toll-free hotline (1-800-Net-Work) advice to parents with school-related problems or questions on school participation; they train parents, teachers, and administrators in school improvement techniques; their computerized database can provide information on issues such as parent/student rights, discipline policies, opportunities for special needs children and adults; and they publish books (see below) and other materials, including a newspaper for parents *(Network)* focused on public involvement and school improvement.

Beyond the Bake Sale: An Educator's Guide to Working with Parents

by Anne T. Henderson, Carl L. Marburger, and Theodora Ooms (1986, 139 pp., $8.95)

Parent involvement experts show how to build parent-school partnerships that go beyond fundraising and boosterism, emphasizing that strong, positive home-school relations provide the climate in which parent involvement flourishes. The authors identify seven principles that are essential to healthy collaboration and give a range of examples on how schools have applied them successfully. There is special advice on how to involve single, low-income, and working parents. The book is an encouraging, practical look at the problems that arise and how they can be solved to everyone's benefit.

The Evidence Continues to Grow

by Anne T. Henderson, Editor (1987, 96 pp., $10)

Through 49 studies by noted educational researchers, this update of a 1981 edition shows that parent involvement really does improve student achievement. Each study is summarized with analyses of major conclusions. The introduction tells how a modest investment in parent involvement now can pay dividends in higher grades and test scores, better attendance, and improved student behavior and attitudes. An extensive annotated bibliography of education literature is included.

National Association of Partners in Education

601 Wythe Street-Suite 200
Alexandria, VA 22314, 703/836-4880

NAPE is made up of two organizations: the 20-year old National School Volunteer Program that has some 10,000 members who participate in classrooms in all fifty states; and the National Symposium on Partnerships in Education, made up of schools, businesses, and community groups that have organized in partnerships to support education. The organization publishes two newsletters (one addresses policy issues of school volunteer programs and partnerships, and the other is specifically for volunteers working in schools); they provide training and publish manuals to aid schools in establishing and maintaining organized volunteer groups; they convene national, state, and regional conferences; they offer an information hotline; they sponsor special projects and conduct research; and they provide recognition for outstanding school volunteers, partners, and exemplary programs. Publications list available.

School-Age Child Care Project

Center for Research on Women
Wellesley College, Wellesley, MA 02181
617/431-1453 or 235-0320 ext. 2500

Since 1979 the Project has conducted research and public policy work, designed workshops and conferences, developed publications and videotapes, and provided consultation and technical assistance with the overall aim of expanding the supply and improving the quality of child care for school-age children. Their audience includes parents, employers, school personnel, policymakers, researchers, program staff, and voluntary and women's groups. Send for a substantial list of Project books, reports, and tapes, which includes:

School-Age Child Care: An Action Manual

by Ruth Kramer Baden, Andrea Genser, James A. Levine, and Michelle Seligson (1982, 486 pp., $18.95, Auburn House Publishing Co.)

This is a comprehensive, research-based, how-to manual for planning, organizing, and operating a SACC program. Parents, child care practitioners, and community leaders will find valuable information on conducting a needs assessment, planning program, and analyzing the major issues of work hours, group size, salaries, staff-child ratios, training staff, and the use of volunteers. Focus is on 5- to 8-year old children, with some details on 9- to 11-year olds.

When School's Out and Nobody's Home

by Peter Coolsen, James Garbarino, and Michelle Seligson (1985, 53 pp. $5, National Committee for the Prevention of Child Abuse)

For individuals and groups concerned about latchkey children, this publication explores the implications of self-care for communities and families, presents alternative solutions, and encourages action on a local, state, and national level.

Institute for Responsive Education

605 Commonwealth Avenue
Boston, MA 02215, 617/353-3309

IRE is a nonprofit public interest research and advocacy organization created in 1973 to study, promote, and assist citizen participation in educational decision-making and school improvement. Their work is in the areas of policy development, technical assistance, research, and advocacy projects, and they have published case-study examples, research summaries, and resource and how-to guides about education issues and school policymaking. Among their publications is *Equity and Choice*, a magazine published three times a year for administrators, teachers, parents, and policymakers, which describes innovative and model programs. Publications brochure available.

Home and School Institute

1201 16th Street, NW
Washington, DC 20036, 202/466-3633

HSI is a 25-year old educational organization that provides curriculum and training programs to enable schools and community groups to involve families in their children's education. HSI's approach gives a tutoring role to families which complements but doesn't duplicate the school's work; the curricula are keyed to prevention of drug and dropout problems. (Their New Partnerships for Student Achievement is described on page 6.) The organization produces important educational materials and offers an extensive publication list; they do on-site national training programs including MegaSkills workshops; and hold conferences that address family life, schooling, and work issues. Institute programs are geared to businesses, policymakers, and researchers, as well as families and educators.

MegaSkills®

by Dorothy Rich (1988, 351 pp., $8.95, published by Houghton Mifflin)

This book establishes the premise that beyond the basic three Rs skills children learn at school, they need MegaSkills—the values, attitudes, and behaviors that are taught at home: confidence, motivation, effort, responsibility, initiative, perseverance, caring, teamwork, common sense, and problem-solving. The book provides learning "recipes" or ways to teach MegaSkills to children, ages 4 to 12, as school supportive activities at home.

MEGASKILLS
How Families Can Help Children Succeed in School and Beyond
Dorothy Rich

Carnegie Foundation for the Advancement of Teaching

1755 Massachusetts Avenue, NW
Washington, DC 20036, 202/387-7200

CFAT, founded in 1905 by Andrew Carnegie, has been concerned with pensions and pension systems for college and university teachers, as well as sponsoring extensive research on education. As an independent policy center, it now conducts studies devoted to strengthening American education at all levels. Their publications and films include: *The Condition of Teaching: A State by State Analysis* (1988, 106 pp., $10.95); *An Imperiled Generation: Saving Urban Schools* (1988, 62 pp., $7.50); and *Report Card on School Reform: The Teachers Speak* (1988, 85 pp., $5), a survey of more than 13,500 teachers asked to assess the impact of the school reform movement on a range of educational

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National Organizations

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and professional issues. Order from Princeton University Press, 3175 Princeton Pike, Lawrenceville, NJ 08648, 609/896-1344

National Community Education Association

119 N. Payne Street
Alexandria, VA 22314, 703/683-NCEA

NCEA began in 1966 to advance and support community involvement in K-12 education, community self-help, and opportunities for lifelong learning. The organization provides its members with national leadership and advocacy; publications, conferences, workshops, and information and referral services. Community advisory councils and partnerships of individual citizens, educators, and public/private organizations are used to address community problems and concerns. NCEA mail orders its own and other focused publications including their quarterly *Community Education Journal* and *Community Education Today*, a newspaper printed ten times a year.

School Age NOTES

P.O. Box 120674, Nashville, TN 37212
615/292-4957

SAN is a national organization for those concerned with children and youth in out-of-school settings before and after school hours and during vacations. They offer professional linkages, technical assistance and training opportunities, advocacy, and information on new resources and materials. Their 16-page, bi-monthly *School Age NOTES* publishes ready-to-use activities for children, feature articles for program directors, budget hints and free resources, suggestions for summer programming, safety tips, 30 curriculum ideas per issue, and updates on the latest trends in school-age care ($14.95/year).

Training Programs

The Dynamics of Relationships Program Equal Partners, 11348 Connecticut Avenue, Kensington, MD 20895, 301/933-1489

This primary prevention curriculum designed by Patricia Kramer, an educational consultant, teaches students (in grades 5–12) the basics of relationships and how to deal with the social problems and crisis issues that develop in everyday life. The aim is to help children and teens develop a strong and secure sense of self-worth, better communication and coping skills that ease interaction with family and peers, and clearer, more realistic expectations about their roles in all relationships. The student textbook gives guidelines and suggestions, not rules and regulations. The course is offered as a one-credit elective, five days a week for the entire school year, and is taught by teachers from various disciplines—all of whom have had the mandatory 45 hours of preparatory training. Their text is basic for leading discussions on topics of concern such as suicide, sexuality, drug problems, and self-esteem.

Cooperative Discipline Published by American Guidance Service, Publishers Building, Circle Pines, MN 55014-1796, 1-800-328-2560

Developed by Dr. Linda Albert, this new in-service training program shows teachers how to maintain classroom order and control while helping students reach their full potential. Cooperative relationships need to be fostered between students, teachers, parents, and administrators for a discipline program to be effective; "cooperative" also refers to a specific style of teaching and parenting that develops independence, self-reliance, and responsibility in children and adolescents. Available in January 1990.

Conflict Resolution Resources for Schools and Youth Contact Jim Halligan at the Community Board Program, 149 Ninth Street, San Francisco, CA 94103, 415-552-1250

In elementary schools, students nominated by their peers to be Conflict Manager trainees receive 16 hours of training from teachers who have been prepared by Conflict Resolution Resources staff. The goal is to provide skilled student-to-student intervention to cool playground and classroom disputes. Like their younger counterparts, middle and high school student Conflict Managers always work in pairs to assure impartiality and to serve as models of effective teamwork and cooperation. CRR has developed curricula, and video and training manuals for both age groups; they also offer 4-day training institutes for educators that cover planning and implementing programs in schools.

Parents as Teachers National Center

Marillac Hall, University of Missouri-St. Louis,
8001 Natural Bridge, St. Louis, MO 63121-4499,
314/553-5738

All parents of children under the age of three years in Missouri's school districts can participate in the Parents as Teachers program. Based on the assumption that parents are the best teachers of very young children, PAT provides parents with information and assistance to enhance the child's language, intellectual, social, and physical development. Their National Center trains professionals in the PAT model, and offers in-service training, consultation, special seminars, regional workshops, program development and adaptation, information services, and opportunities for research. Program orientation, observation, and consultation are also offered for decision-makers.

Programs

Appreciative Learning

A motivational support program for urban schools, Appreciative Learning was developed to help teachers and parents instill self-respect and confidence in students, to build students' self-awareness and self-esteem, and to foster high levels of student success, critical thinking, and motivation for self-sufficiency. AL was piloted in a poverty area Catholic school where 4th-8th grade students had scored below the 50th percentile on a Tiers-Harris Self-Esteem Inventory. After participating in workshops and peer group activities for a year, both teachers and students improved on test scores, and teachers reported a positive change in their attitudes toward parents and families. Teachers moved from being angry and judgmental toward parents to a willingness to help families find skills, support, and needed resources. By helping teachers understand the chronic stress and demands faced by students' families, attitudes changed and the seeds of a partnership between school and parents were planted. The AL program has been further tested in five Chicago schools and is planned for three other cities in fall 1989.

Contact: Gail C. Christopher, Family Resource Coalition, 230 N. Michigan Avenue, Suite 1625, Chicago, IL 60601, 312/726-4750

Center for Family Resources

384 Clinton Street
Hempstead, NY 11550, 516/489-3716

CFR's regional conferences, held for education and community service professionals, are a showcase highlighting programs that deal with parenting and parent education, critical family concerns, and building teenage strengths. CFR has also developed training workshops focused on home/school/work, a truancy prevention initiative, a family literacy project, and a classroom-based parenting education program for children (Learning About Parenting: Learning to Care).

Cooperative Communication Between Home and School

CCHS uses a community development approach to build home-school-community partnerships that support a child's education. The program is aimed at parents of 4- to 12-year old elementary school children, teachers of grades K-6, and school administrators. Parents attend a six-session workshop series once a week for two hours; the teachers' component consists of a two-day in-service training. Partnerships are built by developing empathy, building communication skills, creating new ways for parents to be involved in their children's education, and empowerment. A 15-minute video on the impact of the program is available.
For information, contact Christiann Dean, Dept. HDFS-MVR Hall, Cornell University, Ithaca, NY 14853.

Books, Reports & Surveys

Before It's Too Late: Dropout Prevention in the Middle Grades by Anne Wheelock and Gayle Dorman
(1988, 87 pp., $9)

This report explores how schools can strengthen their holding power for dropout-prone youngsters 11-15, and outlines a comprehensive prevention strategy.

The Center for Early Adolescence, Suite 223, Carr Mill Mall, Carrboro, NC 27510, 919/966-1148

Michigan PTA Parents' Answer Book by Alice R. McCarthy, Patricia B. Peart, and Marcia M. Danner (1988, 224 pp., $7.95)

A cooperative effort of the Michigan PTA, Detroit Free Press columnists, and more than fifty education and family life experts who answer parents' broad-ranging questions on concerns they face with school-age children. The book is divided into three sections: Home-School Connection, Parenting and Family Life, and Contemporary Issues. More than 500 local and national resources appear, and the book is a model for replication anywhere. Contact the Michigan PTA, 1011 N. Washington, Lansing, MI 48906.

Enhancing Parent Involvement in the Schools: A Manual for Parents and Educators by Susan McAllister Swap
(1987, 118 pp.)

A guide for integrating parents more fully into a school's educational process by acknowledging the complexities of collaboration and making joint planning and problem-solving a priority for initiating good teacher-parent relationships.

Teachers College Press, 1234 Amsterdam Avenue, New York, NY 10027

The Home School Connection: Selected Partnership Programs in Large Cities by Carter Collins, Oliver Moles, and Mary Cross (1982, 155pp., $8)

This guide by the National Institute of Education profiles 28 big-city, school system-initiated programs (grades 4–12) designed to involve parents more fully in their children's education. There is a particular interest in programs serving significant numbers of economically disadvantaged students or those who are culturally or linguistically different from the mainstream population.

Institute for Responsive Education, 605 Commonwealth Avenue, Boston, MA 02215, 617/353-3309

Building an Early Childhood Parent-Teacher Resource Center by Mary A. Holloway (1988, 65 pp., $12)

The Project Enlightenment Center maintains resources to support both its own comprehensive service delivery system and to support parents and other professionals who work with young children. Their manual is a guidebook and reference for the replication of this type of center: Chapter A, Awareness, discusses the need for a center and the planning involved; Chapter B is for basics, the nuts and bolts of organizing and operating; and Chapter C describes the development of a center in one's own town with important, often-asked questions and responsive staff answers. (See program description on page 18.)

Project Enlightenment, Wake County Public School System, 501 S Boylan Avenue, Raleigh, NC 27603

The Metropolitan Life Survey of the American Teacher 1987: Strengthening Links Between Home and School

This is the latest in a series of five Met Life surveys by Louis Harris and Associates which have brought teachers' opinions to the attention of the American public and policy-makers. For the first time, parents of school children (2,011) and teachers (1,002) were polled simultaneously on their attitudes toward education and teaching. Some highlights: A majority of teachers and parents felt children were left alone too much after school, a problem across the country at all economic levels (teachers ranked this #1 factor in causing student difficulty); "many" or "most" parents fail to discipline their children and do not motivate them to learn; the majority believed that children receive a better education in school today than in the past; the reluctance of teachers and parents to reach out to each other is a major problem exaggerated by the large number of working parents; both groups were concerned about dropouts; both endorsed vocational education and a role for parents in the schools in volunteer work and fundraising (teachers hesitated about parents being involved in deciding curriculum or teaching methods).

Copies of the complete report are available by writing to: Metropolitan Life Insurance Company, The American Teacher Survey 1987, P.O. Box 807, Madison Square Station, New York, NY 10159-0807

The Center for Research on Elementary and Middle Schools (CREMS)
Dissemination Office, The Johns Hopkins University, 3505 N. Charles Street, Baltimore, MD 21218

There is an extensive and growing literature on the importance of school and family connections to increase student success in school and to strengthen school programs. Several summaries of research on parent involvement and policy implications, written by Joyce L. Epstein, Director of CREMS, are available: *What Principals Should Know about Parent Involvement* (on five types of programs), 1987, $.20/copy; *Parent Involvement: State Education Agencies Should Lead the Way* (10-point program on how state leadership can turn rhetoric into practice), 1987, $.50/copy; and *How Do We Improve Programs for Parent Involvement?* (an overview of where we need to be in the next five years), 1988, $.30/copy. Send for their important list of reports.

* * *

The following information is excerpted from Families as Educators, *a newsletter edited by Oliver C. Moles, U.S. Dept. of Education.*

New Federal Laws on Parent Involvement

The education amendments of 1988, recently signed into law, provide funding to encourage parent involvement in local education agencies (LEA).

Chapter I

The new law requires that parent involvement programs be established in all LEAs receiving funds under Chapter I of the Elementary and Secondary EducationAct of 1965, the multi-billion dollar program to help children of low-income and other disadvantaged families improve their educational opportunities.

Based on written local policies, programs assigned under Chapter I would be "planned and implemented with meaningful consultation with parents of participating children and of sufficient size, scope, and quality to give reasonable promise of substantial progress" toward achieving the goals of the program. Parent involvement is defined to include but not to be limited to "parent input into the design and implementation of programs, volunteer or paid participation by parents in school activities and programs, training, and materials that build parents' capacity to improve their children's learning in the home and school." These provisions are much more extensive than the previous law, and represent a strong emphasis on parents as educators.

Parent programs, activities, and procedures may include: parent resource centers, regular parent conferences; parent training programs; use of parents as classsroom volunteers, tutors, and aides; parent advisory councils, etc.

Even Start

This program's purpose is "to improve the educational opportunities of the Nation's children and adults by integrating early childhood education and adult education for parents into a unified program through cooperative projects that build on existing community resources to create a new range of services."

LEAs can collaborate "where appropriate" with institutions of higher education, community-based organizations, and others. Programs must include recruitment and screening procedures, child care, transportation, and "instructional programs that promote adult literacy, training parents to support the educational growth of their children, and preparation of children for success in regular school programs." Up to $50 million is authorized for fiscal year 1989, but no appropriation of federal funds has yet been made by the Congress.

Continued on p. 27 ▶

Editor's Note: There are nine states providing public funds for family resource and support programs—Oregon is the most recent initiative.

Together for Children: Oregon's State-Funded Family Support and Education Program

by Helen Nissani and Randy Hitz

Local community investment is an important feature of Oregon's Together for Children (TFC) program, a state-funded family support program for parents of children ages 0 to 8. The program is administered by the Oregon Department of Education at the level of $266,797 for one year beginning July 1988; funds were distributed through a competitive grant process.

Together for Children and its companion initiative, the State Prekindergarten, were created by the 1987 Oregon Legislature at the request of the State Early Childhood Initiatives Project (SECIP). Convened by the State Board of Education, SECIP participants included a variety of early childhood educators, social service providers, educational and political leaders.

The first priority of SECIP and the Oregon Legislature was to increase comprehensive prekindergarten "Head Start type" services. This priority was based on the considerable positive research on model Head Start programs and the fact that fewer than 20 percent of the eligible children in Oregon had access to such programs. The SECIP group was also influenced by new research on other family support and education models, most notably the Missouri PAT program, and the positive findings generated by it. Thus, in addition to recommending expansion of comprehensive prekindergarten services, they decided to pilot some innovative family support and education programs.

Following passage of the enabling legislation, an advisory committee was appointed by the Superintendent of Public Instruction to establish administrative rules, an RFP process, and to advise the Department on future policies and practices. Three programs were selected to receive funds and pilot Together for Children in its first year.

Although they are located in different regions of the state, all three programs share the following characteristics:

- they are non-sectarian;
- they represent strong collaboration with school districts and local social service agencies;
- they must serve at-risk families and attempt to integrate this population with the general public whenever possible;
- they must take a non-deficit approach that supports family strengths rather than remediate weaknesses;
- they must be culturally sensitive and develop curriculum using a multicultural approach.

The three pilot programs currently funded—Birth to Three's "School Collaboration Project," Central Oregon Community College's "Together for Children" program, and Crisis Intervention Service's "Family Focus Program"—serve diverse needs with a variety of service delivery modes. Teen parents and other high-risk families are served by all three projects, and two of the programs provide special services for minority populations. All the programs offer support groups, classes, and home visits, in various combinations.

Birth to Three is located in Eugene, Oregon's second largest city. Their "School Collaboration Project" consists of two major components focused on teen parents and parents of children 0-8 who are experiencing high stress. Teen parents are served in collaboration with the local school district, and receive several home visits to encourage their participation in support groups especially designed to meet their needs. The high stress families are targeted in a low-income elementary school district. These parents attend classes while their children are at school. Child care is provided for younger children and all parents receive a free membership to the local YMCA. Parents are encouraged to participate in YMCA exercise classes and other activities that promote self-care and stress reduction.

Crisis Intervention Services is a multifaceted social service agency located in Medford, and serves rural Jackson county with its "Family Focus" program. Low-income, single, and unemployed parents are offered a variety of activities including one-day community workshops, on-going parent support groups, a teen parenting program, a telephone warmline, and parenting classes. A special children's curriculum addresses some of the same issues parents discuss in class. In this manner, the program hopes to impact two generations simultaneously. In addition, a special program called MOMS (Mothers of Migrant Students) has been developed to assist migrant worker families in the region.

Unlike the two TFC pilot programs just described, Central Oregon Community College collaborated with the local Head Start and several school districts to create an entirely new program for parents of at-risk children between the ages of 0-3 years. All parents enrolled in this rural, three-county program receive four service offerings: monthly home visits, large group sessions focused on parenting topics, small group meetings designed for parents of similar aged children to discuss their developmental needs, and monthly playgroup sessions.

Each of these pilot programs for Oregon's families was designed with input from a wide variety of local social service and education professionals, and from organizations serving children and families. This community investment has contributed to the success of these programs and provides important regional advocates for future expansion.

Expanding comprehensive prekindergarten services remains the first priority of the Oregon Legislature; in the 1989 session they expanded the Oregon Prekindergarten program from $1.2 million to over $5.2 million. Together for Children on the other hand, was continued as a pilot and funding was increased from $266,797 to $567,610—just enough to keep the programs in operation for two years. The 1991 Legislature will decide whether or not to expand the program.

Dr. Randy Hitz is Oregon's Early Childhood Education Specialist for the Oregon Department of Education.

Helen Nissani, M.A., provided technical assistance to develop program requirements, descriptions, and evaluations for the Oregon Department of Education. Currently Ms. Nissani is an Early Childhood/Parent Education specialist for Interface Network, Inc., Braverton, OR.

Both authors are members of the Family Resource Coalition.

To receive additional descriptive information or program requirements, contact: Dr. Randy Hitz, Oregon Department of Education, 700 Pringle Parkway, Salem, OR 97310.

To Serve all Families in a Variety of Ways

by Marilyn Larson

Duluth Public Schools takes that goal seriously when designing and delivering its Early Childhood Family Education (ECFE) program. Through its mission to provide information and support to parents and quality early childhood education to their young children, the program reaches families in all corners of the 26-mile-long city that hugs the shore of Lake Superior.

One of more than 300 school districts in Minnesota that run ECFE programs, funded by a combination of state aid and local levy, Duluth Public Schools' program serves any family in the city whose children have yet to reach kindergarten age. Because the program is offered to all families, there is no stigma attached to participation. The range of family income and education levels reflects the city population: teens are served, single parents participate, minority families are included, and special needs parents and children come together.

Sit back now and pretend you're in Duluth. We'll go on a tour around the city and visit programs with parents and their children, hitting some highlights of the more than 70 different sessions offered by ECFE each week.

Each school-day morning, teen mothers and their children arrive at the Habitat Child Care Center. After instructions are given to staff and good-byes are said, moms go off to their home high schools for academic coursework. They return in the afternoon for a two-hour class on child and family development; a similar class is offered to teen fathers. A 16-year old sophomore who began the program as an eighth grade teen mom says, "Habitat shows you how to be positive, not only with school but with your children and yourself. This place isn't just a class or just day care, it's a family. You laugh here. You cry here. You have good times and bad times. But most of all, everybody has each other."

Located in a beautifully renovated old elementary school, the Congdon Park Neighborhood Center serves families who live in some of Duluth's most affluent areas. To assure a place for themselves and their children in the program, parents line up outside the building in lawn chairs for the September registration. "All parents can benefit from a program like this," says an attorney who has participated with his wife and sons for two years. "It helps to know you're not alone, and that even though they drive you crazy sometimes, your kids are normal and healthy."

At St. Luke's Hospital Birthing Center, mothers are encouraged to bring their newborns to meet with ECFE Parent Educator, Brenda Dettmann, who talks with them about what it will be like to take their babies home. Brenda asks to use one baby to illustrate newborn capabilities, and at the end of the demonstration, asks the mom to talk to her baby. Inevitably, the baby, who prefers and recognizes its mother's voice, turns away from Brenda toward mom. "What a confidence booster," said one new mother. "Imagine, already, my baby knows me."

The 30-year old, low-income Harborview Housing Project is nestled at the top of Duluth's hillside. Resident parents can walk to the nearby Copeland Community Center which houses the ECFE Drop-in Center, an after-school recreation program, a laundromat, and adult GED and AA programs. Parents participate in discussions about a variety of childrearing and personal growth topics, and their children are involved in an early education experience. At the end of the school year, ECFE parents presented a proposal to the Housing and Redevelopment Authority Board to get a fenced-in play area for their children, and orchestrated a going-away party for two staff members. As one mother proudly put it, "Many people thought we couldn't accomplish these things. But we've grown and changed. We can do lots of things for ourselves, and we will!"

Men at the Northeast Regional Corrections Center file into the classroom on Monday mornings and greet Helen, the ECFE parent educator. The topic of conversation is how to stay connected with a child while being separated. Dan, an 18-year old father, worries that his child, only 3 months old when Dan was sentenced to six months at NERCC, will not know him when he goes home. George, a graying man, who has both older children and a 3-year old named Sam, says his wife tells him that Sam asks for his daddy every night. Helen then leads a discussion on what kind of relationships the men want with their children, and what can be done to establish and maintain them. The men decide to make audio tapes and to send pictures and weekly postcards to their children. They will meet with each other in the weeks to come to see if these efforts have helped them and their children deal with the forced separation.

One of the questions most often asked of us is, "How do you get parents to attend?" And that question is frequently followed by, "How do you get them to stay?"

We get parents to attend by utilizing the help of more than forty family service agencies in Duluth. After a referral is made, personal phone calls, postcards, and home visits are used to acquaint the parents and children with staff and with the program. At our neighborhood sites, parents tell us they hear about the program mainly through word-of-mouth. At the hospitals, we visit each prenatal class and rely on our satisified participants to spread the word.

We get families to stay because parents and children are made to feel comfortable. Staff members are certified early childhood teachers and parent educators. They help parents work toward their personal goals. They communicate development information to parents in palatable ways. They recognize strengths. They communicate hope. They create a safe place.

Why does a school district want to use its resources in this way? Superintendent Elliott Moeser, whose own family participated in ECFE says, "The Duluth Public School District believes that an early partnership between public schools and parents helps form relationships that set children on the right path. It is important for school districts to realize that the commitment of their resources in ECFE and in early partnerships with parents will make a difference throughout a child's school years and for an entire lifetime."

EARLY CHILDHOOD FAMILY EDUCATION

DULUTH PUBLIC SCHOOLS

ECFE

Marilyn Larson is Supervisor of Early Childhood Programs for Duluth Public Schools, and consults and trains nationally on family support program development. She is also a member of the Family Resource Coalition.

You can obtain more information about the ECFE program by contacting Marilyn Larson at the Barnes Early Childhood Center, 2102 Blackman Avenue, Duluth, MN 55811.

Connecticut's Young Parents Program

by Jean Rustici

Responding to widespread concern about the incidence and cost of teenage pregnancy, the Connecticut General Assembly created a Task Force on Education to Prevent Adolescent Pregnancy in 1984. A group of nineteen individuals representing diverse backgrounds and philosophies was mandated to study the nature and extent of the problem as well as the programs and services that were available to address it.

As with most effective advocacy efforts, many of the individuals involved had been working together voluntarily before being legitimized as an official group. Accordingly, barely one year later, several bills were passed including Public Act 85-839, directing the State Department of Education to establish a young parents program which would assist local and regional school districts to design, develop, and implement education programs with day care components for young parents in a school setting.

Now entering its fifth year, the program provides young mothers and some fathers with an opportunity to continue their educational process while fulfilling their parenting obligations. Located in seven priority school districts, the programs operate in both high schools and alternative schools. They assist student parents to acquire parenting skills and information on child development, provide a continuity of care for high-risk babies, and at several sites offer non-parent students an opportunity to learn about child development, parenting, and day care.

What Do We Know about Positive and Negative Results?

The Positives: Placement in the schools has attracted foundation money in some districts that adds components needed for counseling, health, and other support services; once entered in the program, the dropout rate for participants is significantly lower than for the school or community; over 200 student parents have been awarded high school diplomas or GEDs; low monetary investment for the state; the model programs have encouraged some communities to establish programs with local resources.

The soundness of the original piece of legislation has been verified, but it has required a strong commitment on the part of local and regional boards of education who participated. The following factors formed the basis for granting funds:

- availability of professional, paraprofessional, and other program staff in the school and the community with interest and ability to provide a young parents program;
- space in a school building to accommodate the program;
- demonstration of support by administrative personnel, teaching staff, and pupil personnel staff;
- collaboration with members of the local or regional health agency;
- contribution of at least 50 percent of the total cost of the program; and
- freedom and responsibility to develop a local model to meet specialized needs of the community.

The Negatives: Less than 10 percent of student parents in the state needing day care are served; despite proven cost effectiveness, the Legislature has not allocated any additional funding for the past three years; and the program serves only children of high school students, although current data shows a significant increase in births to student parents below ninth grade.

Perhaps the greatest barrier to expansion of these programs is the reluctance of state governments to coordinate categorical funding for different components such as health, education, and counseling. The existing programs are effective because creative people at the local level mix and match the criteria of multiple funders to provide a meaningful impact. Unfortunately, this reality provides minimal stability, often discourages growth, and dissipates the energy of leaders.

Futuring

The challenge ahead is to re-assess the long-range child care needs of 13- and 14-year old parents if they are to stay in school, and to consider the provision of an ombudsman who will help negotiate their transition into the existing community child care system. As originally conceived and designed, this Young Parents Program was not established to provide care for this length of time.

New Haven's McCabe Center is an excellent example of addressing this problem with local initiative. Here, eight students and their infants, selected on the basis of need and interest, participate in an experiential educational model. The babies spend each school day in an excellent state-funded child care facility adjacent to the transitional program for teen parents. An early childhood teacher and a parent coordinator work with the teen parents, their children, with grandparents, the school staff, the day care staff, and the staff of the neighboring community health center, owners of the building.

In addition to helping the aforementioned students, the parent coordinator also meets with all the other students at McCabe Center (150 in grades 6 to 12) before and after delivery to discuss day care plans and follow up on the decisions. On-going help is offered to prevent students from dropping out when day care fails or is lacking. Continuous effort is made with the school and community agencies and institutions to develop more day care centers and family day care homes with places for infants close by the school.

McCabe Center illustrates the large gap between the need for and provision of day care for teen parents, at the same time it exemplifies acceptance of the responsibility to promote quality day care services for this population. One effort is meaningless without the other.

Jean Rustici is a consultant in Early Childhood/Parenting in the Connecticut State Department of Education. She serves as Program Manager of the Young Parents Competitive Grant Program. Copies of legislation which established this program and evaluation reports are available by contacting her at P.O. Box 2219, Hartford, CT 06145.

A Community that Cares about Families

by Linda Leslie and Jackie Weimer

Plano, Texas, a suburb just outside Dallas, has undertaken a unique and highly successful project to support and encourage parents in their efforts to enhance the positive development of their children. This community of 130,000 people believes that families are our nation's greatest resource and that parents should not struggle alone in this, their most important role in life. The program has involved over 10,000 parents since 1986, and word of its success spread to the Texas Association of School Boards which has requested permission to make the program available state-wide. The program is Parenting Today (PT), a Community Partnership for Family Enrichment.

Six years ago, several individuals in the community including Dr. H. Wayne Hendrick, superintendent of schools, and Joe T. Collins, a local businessman, expressed their concern about changing family structures, the use of drugs and alcohol by young people as well as adults, the high rate of youthful suicide, teen pregnancy, school dropout rates, and other societal stresses on the family.

Rather than waiting for families and young people to reach a crisis, these individuals believed they could and would make a difference by establishing a primary prevention program to assist families before their problems began. Their goal was to help parents of children, ages birth to 18, rear responsible, self-confident, mentally healthy children who could function to the best of their abilities in today's complex society. A vital part of this goal was the belief that the community as a whole needed to become a support network for families. From the vision and commitment of these two individuals, a program evolved that has spread and thrived throughout the city of Plano.

PT's success can be largely attributed to its unique features—the most significant is its broad-based community structure. The program is administered through the local school district, but its funding comes from the private sector. Schools, churches, businesses, and civic organizations, as well as individuals, have all joined forces to make this a true community program. Under the jurisdiction of the Plano School District, a Board of Directors composed of educators, clergy, medical and mental health specialists, businesspeople, and parents governs the program.

This Board of Directors acts in an advisory capacity and is largely responsible for the program's funding; their primary task is to solicit community financial support. Members of the board representing various sectors of the community such as the medical, legal, business, and religious professions contact resources in their respective fields for funding. These individuals also represent the program through memberships in various civic and professional organizations. Other funding sources are derived from local Parent Teacher Organizations, individuals, and from nominal class fees paid by participating parents. Various foundations in the state have also supplied significant funding. Although in-kind services such as office space and clerical support are provided by the school district, no other tax monies are spent on the program.

The basic features of the program are parenting classes, a family resource library, a warmline, and referral services. Classes offered to parents focus on parenting skills, child development, and the special needs of single parents, step-parents, and parents of handicapped or attention-deficit disorder children. To make the program more convenient and to increase the likelihood of participation, parent educators conduct classes throughout the community in schools, churches, businesses, daycare centers, etc. The program does not dictate a "one way only" approach, but rather encourages parents to consider various alternatives and to discover solutions to their own problems and needs. All classes are based on the PT curriculum, but no two class series are alike so that parents can continue to use the resources of the program throughout their child-rearing years.

The Junior League of Plano has funded and developed a family resource library of more than 1,000 volumes, video and audio cassettes, parenting kits, and periodicals on parenting and child development. This year, a children's section is being added that relates to the challenges of growing up. Junior League and community volunteers staff the library.

The PT staff includes a program coordinator and two parent educators. In addition, 29 volunteer associate parent educators with backgrounds in counseling, teaching, and Christian education have been extensively trained to teach classes in the community. Although the program is designed for healthy families, all of whom struggle with different issues in rearing their children, many dysfunctional families have also sought help through the program. Those who need assistance are referred by the county courts, medical and mental health professionals, as well as clergy and the local crisis center.

The response to PT throughout the community has been overwhelming. Parents isolated from family and other systems of support now see the program as their extended family and know there is help available. The concept of primary prevention has been met with much support. Parents are realizing the value of child development information, establishing guidelines and reasonable expectations for children, and that parenting is a growth process for both parent and child.

On January 1, 1990, the program will be available throughout the state of Texas and beyond. Through the combined services of PT and the Texas School Board Association, a fully developed research-based curriculum and parent educator training will be available to interested school districts and communities.

Linda Leslie is Coordinator of Parenting Today for their Tomorrows. She joined the program after twenty years in the educational field as a teacher, reading specialist, and assistant principal.

Jackie Weimer is a Marriage and Family Therapist in both private practice and with a psychiatric hospital. She was also the teacher and coordinator of the Child Development Major Studies Program for the Plano Schools.

Both Linda and Jackie have been a Teacher of the Year in Plano, as well as recipients of the H. Ross Perot Award for Excellence in Teaching. They are co-authors of Parenting Today: For their Tomorrows, *and developed the curriculum for the PT program.*

Parenting Today is a member of the Family Resource Coalition.

For further information, contact: Linda Leslie, Parenting Today, Plano ISD, 1517 Avenue H, Plano, TX 75074 214/783-4160; or Kent Peterson, Texas School Board Association, P.O. Box 2947, Austin, TX 78752, 800/252-8206.

Continued Articles

Family Support and the Schools

Continued from p. 2

part of school life, there is usually strong leadership, community support, and commitment to meeting local need.

What must be remembered is that family support programs, while retaining their core philosophy, are adaptive. Though effective programs typically have well-formulated approaches, there is no magic formula or single correct program model. Rather, these school-based programs are diverse. The Parent/Child Education Center in Canton, Ohio provides a range of classes and services including a toy and book lending library, evening seminars, monthly parent club luncheon meetings, and home visits. Kentucky's Parent Child Education Program is another good, but very different example. Aimed at improving the educational future of mothers and their young children, these programs offer GED tutoring and support groups for mothers, preschool programs for 3- and 4-year olds, and joint parent-child activities. And in Texas, the Plano Independent School District provides on-going parenting classes in church and business settings along with a warmline and a resource library.

Why are school-based family support programs like these gaining momentum across the country? Without question, the programs reflect a new wave of educational reform that embodies an enhanced spirit of cooperation with families and community. The inherently democratic, and potentially more effective, schools realize that working with families makes pedagogical and political sense.

The mere existence of a family support program conveys a commitment to family and community, suggesting that schools are both innovative and responsive. Schools that have incorporated family support programs report greater parent involvement throughout the grades and find greater parent commitment to education. Parent skills accrue as well. Most important, family support programs seem to benefit children, particularly economically disadvantaged youngsters. Additionally, because family support efforts focus on strengthening the family and on parents taking responsibility for their own and their children's lives, it appeals to policymakers and the public.

As mounting experience and research testify to the efficacy of family support and as pressure for school restructuring increases, educators and policymakers would do well to scrutinize the principles and strategies embodied in family support programs. Amalgamating decades of theory and practice, family support principles cogently embody what is sound and sensible for children and families. They represent what we want for our schools and for our nation. As a strategy, family support, though challenging to implement, represents one potent approach for restructuring schooling in the United States. Like tugboats, they are small but mighty vehicles able to chart precisely the right course.

Parent Participation in Schools

Continued from p. 5

Implications for Parents and Families

As the parents worked to support the program of the school, they also supported the development of their own children, serving as important role models and guides. The children observed and identified with their parents as active learners and contributors to the school program, and they internalized the attitudes, values, and ways of the school. This was more possible because there was no alienation between home and school and school people and the school culture were not the enemy. Desirable behavior and high level academic learning was the norm of the culture.

The parents were also positively affected. After the unit on politics, many parents who had never voted before did so. Some parents gained confidence and skills while working with the staff and consequently took jobs in the workforce that they didn't think they could have managed prior to their school experience. At least seven parents who were involved became professional people themselves. Many families who would not use social services in the community established relationships with the school staff that allowed them to develop trust in and utilize available services in the school and the community.

Program Implications

Children who are developing well can learn at an acceptable level in school. Parents are the first developers and teachers, and can continue to play those important roles when they are a meaningful part of a school program. When this is the case, schools can reinforce the desirable development of students who are doing well and compensate for the underdevelopment of many. Schools can also be organizing for parents. In well-functioning schools where parents play an important role, resources of the community can be brought to bear in a systematic and effective way for students and families.

Linking Home and School through the Workplace

Continued from p. 9

out and bring home activities that are fun and help parents and children alike to absorb important mathematical concepts and procedures.

- **Family Science.** A set of workshops along the same lines as those for Family Math, but focusing on basic concepts and procedures of physics, biology, and other sciences.
- **TV Watching.** A one-hour workshop in which parents learn how to help their children think critically about what they see and hear on television.

It appears that, although all five of our programs had school-related origins, the process of adapting them to the workplace may have made them more attractive to schools. We hope so. Our goal is to supplement, not supplant, the schools' efforts to involve parents in educating their children.

How does a program work? Take Family Reading as an example. Developed originally for use at school, it consists of ten one-hour workshops, each covering different subject matter; each can stand alone, but all fit together into a coherent series as well. Parents enjoy them and benefit whether they are low-literate or have college degrees. Workshops can be oriented toward children of any age. Parents help each other learn how to read aloud and to ask questions that pique children's interest and stimulate their minds. They learn how to listen to children's responses. They become familiar with books of folktales, poetry, science, and family stories, and learn where to borrow or buy children's books. Consistently, they find their family lives enriched by the experience, and many begin to renew their own education.

Where do we go from here? It is too soon to predict the outcome of the meeting; but if all goes well, a number of pilot programs should be in operation by the autumn of 1989. We look forward to holding a national conference in the spring of 1990 at which the pilot organizations will report on their experiences.

work in america institute, inc.

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Can School Choice Make A Difference?

Continued from pp. 14-15

Rep. Augustus F. Hawkins

academic performance. Yet in the case of choice, it is impossible to prove that choice actually causes any improvement. High test scores are, for the most part, the result of an individual school district's overall commitment to academic excellence. Clearly, according to a Library of Congress report, the conclusive evidence on choice is not in yet.

The federal government's role in education is limited in scope—only about $6 per $100 spent on education comes from federal sources. But the value of these dollars belie their numbers. Federal funds are targeted to at-risk students—the handicapped, disadvantaged, and poor. These are precisely the children who would suffer the most by implementing choice.

As we search for ways to make education in the United States the best in the world, the federal government must continue to emphasize funding and implementing the successful programs put in place by Congress over the years. These efforts—not the choice movement—will insure the highest level of education for all students in every community.

For more information on choice, contact Jack Jennings, Education Counsel, Committee on Education and Labor, 202/225-4944.

Secretary Lauro F. Cavazos

an effective and responsible manner by all parents and students to improve their situation. I say, enable all Americans to make choices in education. Furthermore, armed with the power of choice, parents can force inferior schools to *upgrade or close*. No child should have to attend a second-rate school in this great country. And no parent should be told where to send his or her child to school.

I have had some rewarding personal experience with choice. We grew up on the King Ranch in south Texas, where my father worked as a foreman. There were three schools in town: one for Anglos, one for Hispanics, and one for Blacks. Everyone knew the Anglo school was the best in town, and to this day I don't know how he did it, but my father made sure his children went to that Anglo school. He exercised his right to choose the best school for his children.

"He is free who lives as he chooses," a Greek philosopher wrote nearly 2000 years ago. Americans today still hold firmly to that ancient but timeless idea. To be an American means to have choices. Yet ironically, we are often powerless to make one decision with a profound and enduring effect—where to send our children to school. We must change that.

For further information on choice, contact Secretary Cavazos's Special Advisor on Choice Programs, John Klenk, at 202/732-4014.

School-Age Child Care and Public Schools

Continued from p. 11

The Quality of School-Age Child Care

Child care services for school-agers should reflect the caregivers' recognition that this age group is different from younger children and requires different program goals, planning, material, and experiences. Preschool activities and methods are not appropriate, and the challenge is to tailor a program that provides both structure and freedom for children to explore, experiment, take risks, and above all play without being required to replicate the school setting. As public schools provide more school-age child care, some worry that these programs will be academic, and overloaded with tutorial and remedial activities although there is little evidence to support this claim.

Recent research proves that low salaries are one determinant of high staff turnover, and are linked with discontinuity of care for children and staff shortages. Thus one indicator of quality is salaries. In our 1988 survey of 130 regionally representative providers that included all types of administrative auspices, we found that salaries of public school program staff tend to be higher than others (although staff/child ratios are slightly higher than those of nonprofit child care organizations).

Other indicators of quality are clearly articulated goals and program philosophy. In the United States, school-age child care has grown unevenly and without a clear consensus about goals and content. We ask, "Is an after-school program an educational experience or is it babysitting?" or "Whose responsibility is it to fund and administer programs at the state level—Education or Social Services?" and "Who will monitor—and pay for—the need for additional services for children with special needs, for older children, or for children of ethnic and language minority?" In many communities school-age child care program directors and teachers are clearly moving the field forward toward a better defined set of goals and program practices, and it is hoped that policy will follow so that the full potential of school-age child care programs can be attained.

Conclusion

Policy and programs for children and their families are developing; the federal Dependent Care Block Grant, special school-age child care legislation in fourteen states, and some increased corporate interest are examples of progress. The public schools of America have begun to respond by opening doors to partnership arrangements with provider agencies and to offer programs themselves. School-age child care is one service schools can provide that benefits children, their parents, and also the schools. By working to understand and provide what families need, schools may find that enrollment increases, that meaningful relationships with parents may result, and that schools are better able to fulfill their primary educational mission. Ultimately, good school-age child care must be understood as a mediating influence that may well prevent damage to children. It is an investment in the well-being of children and their families.

Resource File

Continued from p. 21

Family School Partnerships

Introduced by Senator William Bradley of New Jersey, this program is designed to encourage eligible LEAs to increase the involvement of families in the improvement of the educational achievement of their children in preschool, elementary, and secondary schools. Demonstration grants are authorized for innovative and promising partnership activities that:

- support the efforts of families at home to improve achievement and instill positive attitudes of children toward education
- train teachers and other staff to work effectively as education partners with families
- train families also to build educational partnerships
- evaluate how well family involvement activities are working, barriers to greater participation, and steps needed to expand participation.

Various activities and procedures in support of these activities are authorized, such as training families, planning and development of new practices, staffing program coordinators, and purchase of materials. This program is authorized at up to $10 million in fiscal year 1989; the Congress must decide how much money to appropriate. It appears to be a demonstration counterpart of the Chapter I program.

To obtain a copy of the full Elementary and Secondary School Improvement Amendments of 1988, also called H.R. 5 or Public Law 100-297, phone the U.S. House of Representatives at 202/224-3121 and ask for the Document Room.

Information on the *Families as Educators* newsletter is available from Oliver Moles, Editor, 6904 Stonewood Court, Rockville, MD 20852

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Acknowledgement: Two friends of the Coalition mentored this, our most ambitious *Report* to date—Sharon Lynn Kagan of the Yale Bush Center and Dorothy Rich of the Home and School Institute. Their experience in creating parent-school partnerships offered us invaluable background and guidance for this special focus edition.

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FRC REPORT
Design, JANE BROWN
Typography, SKRIPPS & ASSOCIATES
Printing, BOOKLET PUBLISHING CO., INC.

The ***FRC Report*** is published three times a year in the public interest by the Family Resource Coalition, a tax exempt, nonprofit organization. Membership in the Coalition includes a subscription to the ***FRC Report***. Readers are encouraged to copy and share its content; we request you credit the Family Resource Coalition as the original source of information.

Founded by Family Focus

Family Resource Coalition
Report

Volume 8, Number 3—1989 Building Support and Resources for the Family ISSN 1041-8660

Homebuilders: A Remedy for Families in Crisis

by Judy Supinger

Sarah M. was beside herself with worry. Her son Jason had run away—again—from the apartment he shared with his mother in a drug- and gang-infested housing project in Seattle. At age 11, Jason was no stranger to the police. Within the past twelve months he had been picked up several times for skipping school, had frequent fist fights with classmates and neighborhood children, and had attempted to break into a closed laundromat. To add to his mother's frustration, the manager of the housing project was threatening to evict Sarah and her family if Jason continued to break windows within the complex.

Sarah had no idea of her son's whereabouts, and was in no condition to assist the police. A single parent, she was four months pregnant with her third child, and the pregnancy had been difficult. She did not know how to drive and searching for her son using the city bus system seemed fruitless.

Three weeks after running away, Jason was picked up by the police. Sarah was greatly relieved. Her relief, however, soon turned to apprehension about how she was going to deal with Jason's erratic, destructive behavior. And wouldn't he just run away again?

Jason was temporarily placed in a receiving shelter for one week until Sarah could decide what to do. Should she request that Jason be placed in foster care? Unless she could get some kind of help to influence her son's behavior, Sarah felt she had little choice but to place her son.

A caseworker with the Washington State Department of Social and Health Services (DSHS) suggested that Sarah try an alternative to out-of-home placement—a program called Homebuilders.

What Helped

Homebuilders, a private nonprofit agency headquartered near Seattle, Washington, has been amazingly successful in its approach to keeping seemingly "hopeless" families together. In fact 88 percent of the more than 4,000 families Homebuilders has helped since 1974 remained out of state-funded placement twelve months after Homebuilders' intervention.

A therapist goes into the home, into the family's natural environment, when a crisis is occurring that otherwise, without Homebuilders' intervention, would lead to the immediate out-of-home placement of a family member age birth to 17. Homebuilders responds to a case referral within 24 hours. The therapist listens to family members' concerns, avoids psychiatric labels, and assesses problems in a concrete way by focusing on those the family considers to be most important.

The therapist then works with the family to improve, for example, communication, parenting, anger-management, and other mood-management skills over a period of four to six weeks.

In addition to scheduled meetings with the family in their home, the therapist is available 24 hours a day, seven days a week to respond to crisis situations should they arise. One reason the Homebuilders model is so successful is the caseload—each therapist sees only two families at any given time, which enables staff to respond immediately and to meet with the family for as long as needed.

"When a family is in turmoil, they don't want you once a week on Wednesdays," says Jill Kinney, Ph.D., who, along with her

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A Homebuilders therapist instructs a client on the steps of anger management. This effort plays a major part in reducing the conflict between the client and his mother.

husband. David Haapala, Ph.D., founded Behavioral Sciences Institute, of which Homebuilders is a division. "They want you when they are feeling the pain."

Homebuilders intervention is not only clinical. Many client families are in need of hard services, such as finding food, clothing, even appropriate shelter. Therapists may advocate with the utility company, for example, to have a client's heat or electricity restored and meet with school, court, and social service representatives on the client's behalf when necessary. Teaching the client how to advocate for him herself plays a large role as well, and can even be critical to the family remaining together after Homebuilders' intervention has ended.

Out-of-home placement into foster, group, or institutional care is sometimes necessary, acknowledges Dr. Kinney. The goal of Homebuilders, she says, is to prevent those placements that are unnecessary from occurring.

Such placements are damaging to the family members involved. "Once you have broken those family bonds, the glue just doesn't hold as well again," says Dr. Haapala. Children in placement are apt to suffer the effects of frequent caseworker turnover and frequent moves from one living situation to another; they miss out on significant portions of family history, making it difficult for them to regain their original sense of belonging and continuity.

Other state and private agencies recognize the need for cost-effective, successful alternatives to out-of-home placement. At the request of nearly 400 state and private agencies nationwide, the Training Division of Behavioral Sciences Institute has provided assistance in site and policy development, research, advocacy, and consultation regarding the Homebuilders model since 1977.

Intervention Illustrated

Homebuilders therapist Gretel LaVieri (who, like most Homebuilders therapists, has her master's degree) responded to Sarah and Jason's situation within two hours of having received the referral from the DSHS caseworker. When she met with the family that same day, she made a point of listening to their concerns and was careful not to chastize mother or child. "We don't go in and blame the parents and kids for the situation," Gretel explains. "We don't dwell on the past to see what caused the problems. Instead, we look at what is happening now and implement strategies to improve the present situation."

The family wanted to address several issues during the intervention, including (1) how to make school more rewarding for Jason so that he would attend regularly; (2) how to improve the home environment so both Jason and his mother would look forward to being home together; (3) how Sarah could influence Jason's behavior by using positive reinforcement; (4) steps Sarah could take to deal with her frustration and anger toward Jason; and (5) building Sarah's confidence in her ability to advocate for herself and her family.

Gretel wasted no time in developing a relationship with Jason. They would spend time together at McDonald's, play frisbee, and listen to rap music—Jason's favorite. "He liked that I wouldn't just sit around and only talk. It was a good opportunity to show him that I was really interested in him," Gretel says. Jason told Gretel that he liked "having her around."

Jason's school attendance was a major concern. Gretel discovered he was having conflicts with a few classmates and feared returning to school. Both she and Sarah discussed the situation with the school principal and learned that these students were no longer in attendance. Jason agreed to return. To keep his focus away from street life activity, Sarah approached Jason about joining a community football team, which he embraced enthusiastically. Team practices kept him busy after school and served as an outlet for his energy. Gretel discussed the possibility of signing Jason up with the local Big Brother program, and together the three filled out an application.

With Jason's approval, Sarah got the family a puppy, which Jason grew fond of and looked forward to seeing each day. Other simple activities were introduced to build a pleasant environment around mother and son. "They watched TV programs together, and Sarah would talk with Jason about articles she read in the newspaper. Home became a fun place to be," says Gretel. Gretel also discussed with Sarah how she could get involved in the housing project's block-watch program to keep their area safer from drugs and crime.

Spending time with Sarah and Jason at their apartment gave Gretel valuable insight as to how the two interacted in everyday situations. "If Jason refused to take out the trash, Sarah would get uptight and yell loudly at him," Gretel observes. Gretel discussed with Sarah alternatives to raising her voice, such as restructuring her thoughts about Jason's behavior, taking calming, deep breaths, and leaving the room for a few minutes if necessary.

Gretel worked with Sarah and Jason on developing a chore chart—a list of weekly household responsibilities for which Jason would receive a star next to each chore completed. At the end of the week, Jason would be able to earn a previously designated privilege contingent upon the number of stars received. This positive reinforcement approach worked.

"Using reinforcers helped Sarah feel she had influence over her son's behavior," says Gretel. And, she added, Sarah learned to reward herself for her efforts, such as taking a bubble bath, telling herself that she did a good job, or eating an ice cream treat. Building in pleasant events for herself helped her maintain her sanity and perspective.

By the end of the four-week intervention, Jason was attending school regularly and indicated he no longer desired running away. He also consistently completed 60 percent of his weekly chore chart, which pleased Sarah. She, in turn, was feeling more confident of her parenting abilities and no longer wanted out-of-home placement for Jason.

"We didn't solve all their problems," says Gretel, "but we got the situation to a workable point."

Months later, Sarah and Jason are still a family.

Homebuilders staff member, Judy Supinger, has a journalism degree from the University of Missouri Columbia and works in the capacity of staff recruitment and materials development. Photographs are by Homebuilders staff member Brewster Johnston.

For further information regarding the Homebuilders program, contact: Shelly Leavitt, Director of Training, Behavioral Sciences Institute, 34004 Ninth Avenue South, Suite 8, Federal Way, WA 98003-6796.

Partnerships Beyond Pretense: A Challenge to Moms and Dads

by Randi B. Wolfe

I consider myself to be a progressive woman of the 1980s. My marriage is a model of egalitarianism, my husband a champion of women's rights. So, it should be no surprise that in parenting I expect us to share responsibilities fully, defy historical role expectations as necessary, and bring new and enlightened meaning to both motherhood and fatherhood.

In large part, we've succeeded. With my husband's full support and enthusiasm, I have used initiative and resourcefulness to maintain the delicate balance between moving my career ahead and finding enough time to fully enjoy my children and sustain them as my first priority.

My husband chose a career which affords sufficient challenge and income while requiring only forty hours per week and allows him to spend summers at home. He shares fully in all aspects of child care and maintenance, all but takes over in the kitchen, consistently stands up for me as I define my role as a mother, sometimes unconventionally, and works hard to maintain close and playful relationships with our children.

Yet, throughout our parenting, despite our efforts and successes, there is an underlying assumption particularly difficult to outgrow: mom is necessary and fundamental; dad is expendable, though very nice to have around. And I don't believe ours is the only household in which this attitude prevails. What unspoken agreements allow this mistaken belief to endure, unnoticed at worst, unchallenged at best?

Part of the answer is that despite noble intentions and flowery rhetoric, most of us still believe mother knows best about housework and childrearing. In reality, there's nothing particularly female about bathing an infant, and genetics play an insignificant role in wiping kitchen counters. But because we believe that mother knows best, dad lacks confidence in his judgment and abilities and mom is uneasy when dad tries to do things in his own way.

For things to change, attitudes must be overhauled. Moms need to remember that mistakes are part of learning, confidence grows with experience, and people learn better from appreciation than invalidation. Dads must be given the freedom to ruin the pot roast, send a child to school in mismatched socks, or accidentally get shampoo in a little one's eyes—without fear of humiliation, criticsim, or denial of similar opportunities in the future.

On the other hand, fathers have to take more initiative in daily family operations. Whether it's getting the children ready each morning, noticing when a diaper needs changing, or determining whether to take an umbrella along on a picnic, dads must do more than follow orders in the name of sharing responsibilities. Rather, they need to pay attention to details and take action *without* being asked or prompted by mom. Only then will women be able to relax and give up the exhausting habit of thinking for everyone in considering the big picture and moving things ahead.

Another factor in the mom-is-important-and-dad-is-insignificant attitude is that while mothers may want dads to assume equal family responsibility, most are unwilling to relinquish the decision-making power typically given them within the family so that this equality can be established. We can't have it both ways. If mothers want fathers to dress the children, we have to stop dictating what constitutes an appropriate outfit. If we want help in preparing meals, dads must be given freedom to plan menus. If moms want to share laundry duty, we may have to be less compulsive about how the fitted sheets are folded. Equality around the house is *not* about teaching dad to do things mom's way.

Because sexism leaves women feeling there are few areas other than childrearing and homemaking in which they can feel self-confident or fully in charge, their uneasiness about giving up control of this domain is understandable. Nonetheless, while men begin to take greater initiative within the home, women must begin to seek outside avenues in which to exercise their judgment and express creativity. Only as mothers begin to see themselves as capable and significant in many arenas will they be more willing and able to relinquish control on the homefront.

Another part of the story is that historically, fatherly worth has been measured by a man's ability to financially provide for his family, while motherly worth has been measured by her capacity to nurture and support. Though there may have been economic or cultural underpinnings for this division of parental roles, it no longer exists and has certainly outlasted its usefulness.

So that society will begin valuing fathers along lines other than economic viability, men must join women in the battle for fair treatment of parents in the workplace. Fathers have a right to care deeply about their children, to put the needs of their family above all else, and to spend time being close to and enjoying their children as they grow. To protect these rights, fathers must fight to assure women are paid equitably so that fathers are not forced to shoulder more than their share of the family financial burden. They must fight for excellent child care options, parental leave, time off with sick children, ample vacation time, reasonable hours, and rational levels of stress. They must fight for employment that supports their parenting in *all* regards.

As the workplace begins to truly support fatherhood, dads will be freer to assume their full role in the emotional caretaking of children. We've labored too long under the misguided notion that, while men are fully capable of providing emotional support to the women in their lives, they somehow come up short in their ability to soothe a child's wounded spirit or dry a child's tears. Although society has made it difficult for men to boldly nurture and demonstrate caring, we have only to look at the liberation of the delivery room into the family birthing center to recognize how eager fathers are to join mothers in the caring aspects of parenthood.

In this and other instances, parents have successfully transformed society to better meet the needs of families. We must now challenge the limited parental roles into which we've been coerced and reject the outdated and unworkable assumptions that have dominated and undermined our closest and most meaningful relationships. Children need and deserve the love and attention of *both* parents. Let's work together so that every parent is fully respected and every child has the opportunity to establish close bonds with both men and women right from the start.

There is nothing more important than our families and nothing more critical to the long-range future of our species than raising our children well. As there is also nothing more difficult, it makes sense to muster all of the forces available. In this spirit, let's begin to recognize and welcome fathers as full and equal partners in the task.

Randi B. Wolf, Ed.M., is director of the Jewish Council for Youth Services-Lincoln Park Child Care Center in Chicago. She is a member of the Family Resource Coalition as well as the statewide coordinator for PARENT ACTION. Ms. Wolfe lectures and writes on discipline, parenting, and child development.

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Shaping Policy:

The Essential Role of Family Advocates

by Ardis Armstrong Young

America's children and their families are entering the 1990s in *grave* jeopardy. Hunger, homelessness, environmental concerns, substance abuse, neglect, and physical abuse threaten nearly every family in our society. There was a time when it was possible for human service professionals and caring volunteers to help individuals and families get through rough times and eventually prosper by their own strength. Those times are virtually gone because the environment in which families function today is vulnerable from so many different angles. Not just a few are at risk—everyone is. The prospect of providing help and intervention to all who need it is awesome.

From Private Helpers to Public Activists

Because of the enormity of this task, the role of human service providers must change in a major way. Champions of the family need to enter the public arena and assist in the shaping of policy rather than solely attending to needs, family by family. The reasons for this new direction are clear. Problems faced by families have become so pervasive that they are no longer personal problems to be solved only by the individuals involved. They have now formed a critical mass calling for solutions to come primarily from public institutions and government.

Think about it. These problems must be addressed by public policy and acted upon by *all* who are in leadership and decision-making positions, in concert with human service providers. They are too large and too complex for a single group to handle. Refusing to take on the role of shaping policy can only result in more pain for the human service professional and her/his clientele.

How Can it be Done?

Few of us trained in counseling or intervention also possess knowledge and experience in shaping public policy. But it is not difficult to gain if one is committed to doing so.

As in learning to garden, to shoe horses, or to fix a plumbing system, an individual can set up a course of study for her/himself to learn political thought and practice. Included in the course should be the following concepts:

- **Understand power and use it.** Many human service providers think of power in negative terms. Power is neither good nor bad. It is amoral. Power exists in every situation, and should be seen as a tool. Those who learn to recognize it are those who can most readily access and use it for good in the policy arena.

The best way to learn how to use power is to watch those who are seen as powerful. Studying their actions, analyzing their motives, and looking for effective outcomes in their work can prove very helpful in identifying one's own power base. Reading books about power, entering into political discussions, and serving as interns to those who use power well provides the experience needed to influence decisions with consistency.

- **Listen politically.** Politics has its own vocabulary, its own nuances, its own body language. It has often been called a game, and takes on many game-like qualities, such as a complete set of rules which includes a unique concept of fair play. When one begins to listen politically, the game starts to make sense. Learning the rules is the first step in listening and thinking politically. Sit in on hearings, learn how a bill is written and the process it goes through to get passed, not just the mechanics, but the type of human interaction needed to see it through the system. These are the rules, and listening is the action enabler.

- **Give testimony.** Preparing to influence through testimony is one of the best political lessons a person can learn. To do it well, all sides of the issue must be considered, an understanding of opposing views must be gained, rules of procedure must be learned, and one's own convictions clearly thought through. Giving testimony starts the political adrenalin surging. Shaping policy becomes a personalized activity, and the mystique has been penetrated. After giving testimony, few fear getting involved in the public arena again. It has already become a habit.

- **Build coalitions.** The alarm bell attached to problems facing families has been ringing in many ears. Nearly every hospital, civic organization, public service agency, school, and special interest group, to say nothing of individual citizens, are aware of the problems and most want to help solve them. It is the era of coalition building. Joining resources with like-minded groups to educate, lobby, persuade, or submit legislation builds power and enthusiasm to get things done. Other organizations don't have to value everything you do; you just have to agree on the problems being considered in order to join forces. Coalitions do not have to stay together forever or share exactly the same doctrine to be effective forces for change. Make friends and make a difference.

- **Learn how organizations work.** Knowing that all organizations have expectations and goals to be reckoned with makes it possible to separate personal motives from organizational issues, a primary factor in being able to analyze politically. The most brutal mistakes can be made when individuals or individual organizations break rank, don't support one another, or don't respect the other's priorities after agreeing to work together. Tactical mistakes can also be made when the opposition's organization is overlooked or discounted. In politics, collectives are power and collectives are organizations with predictable, knowable natures.

- **Select your issues carefully.** Responding to everything with the same intensity, in nearly every situation, is a mistake. It is especially so when policy is being made. Groups of professionals are often called upon to address an issue *en masse* by calling, writing letters, or sending postcards to decisionmakers. This is an effective way to voice collective opinions if it does not happen too often or addresses the small stuff. Opinions are best heard when they are accompanied by thoughtful solutions, and when the welfare of all has been considered. Knee-jerk lobbyists are not effective.

- **Don't give up.** Seldom are important issues resolved on the first ballot, or in the first year, often not even in the first five years. Becoming adept at political practice is a lifetime occupation. Those who are part of the public arena claim that persistence is the most important trait for success. Trying it again, another way, with other players, is the one true test of the policy pro. If issues have been chosen carefully and the homework is done, the motivation to succeed and ability to be creative and flexible are there.

A single-minded individual can have a great impact on a seemingly complex and unruly policy-making system. The above are requirements for doing so: commitment to study both the issue and the system, a clear rationale which includes possible solutions, courage to become a public figure, ability to develop coalitions, and persistence. Here is an example:

"No Oil Port Annie"

In 1978, a mature woman who lived on the west coast of Washington state was alarmed at the possibility of oil spills due to the constant travel of oil tankers through the ocean straits that surrounded her community. She decided this issue was very important—important enough to dedicate her energies, for a two-year period, to re-routing the tanker traffic. Taking on oil companies is not a lightweight job, but she did it almost single handedly.

How did an individual influence policy so effectively?

- She studied the issue and learned the motives of the oil companies, especially those involving money. From that, she developed possible cost effective alternatives to the routing.
- She learned how to initiate hearings, when hearings would be held, and how to present testimony at them. She was well prepared at each hearing.
- She used the media. It began with letters to the editor, then resulted in a human interest story in the newspapers. Television interviews soon followed. In every instance, she put forth the same rationale and potential solution. When goaded by reporters to provide other information, she would look them squarely in the eye and repeat her argument with no variations.
- She enlisted the help of local legislators. Appointments were made, she told her story, and bluntly asked for their support. If they agreed, she did not leave their offices until they presented a plan for giving that support—when, where, and how.
- She identified powerful citizen supporters and like-minded groups. They were instructed on effective lobbying methods, and were enlisted to give testimony on a regular basis to augment her efforts. They became part of a well-organized marketing plan.
- She persisted. It took nearly two years, which is actually a very short time span for influencing legislation, but when working alone, it's about the amount of time that one's energy will last.
- She won. Early in 1981, the oil tankers were re-routed according to her suggestion, and before any accidents had occurred. She earned the name "No Oil Port Annie," which she is fondly called to this day. Given the disaster in Alaska this year, she should now qualify for the community's hall of fame!

The Children's Initiative

A more common approach taken by issue advocates is to work as a team, through an organization. A result of such an effort is the Children's Initiative which will go on the Washington state ballot in November. This measure, if passed, will increase the state sales tax by 14 percent and provide $360 million for children's programs in the state.

The initiative got to this point because of the following actions by family advocates:

- Delegates from a few children's advocacy groups such as the Alliance for Children, Youth and Families and the Association for Child Abuse Prevention met and planned a strategy for gaining financial and philosophical support for children's programs.
- They reviewed a variety of studies, including one from the Governor's Task Force on Hunger. All pointed to the fact that the state's children were in need of massive program efforts.
- They analyzed the state budget, which made it abundantly clear that a new revenue source was needed if new or expanded services were to go to children.
- All groups in the state whose objectives included support for the welfare of children were contacted, asked to endorse the initiative and obtain member signatures. The Governor also proclaimed his support for the measure.
- A coalition of more than 120 endorsing organizations was formed. Their members signed the initiative petition and got signatures from friends and neighbors.
- Initiative regulations were followed, and the necessary number of signatures was secured to bring the matter before the Legislature.
- The initiative was submitted to the Legislature. The House Committee passed it, but the Health and Human Services Senate Committee refused to let it out of Committee.
- Advocates are now busy getting out the vote. Because the Legislature did not deal with it, the law states that proponents can bring the initiative to the people on the general election ballot.
- On November 8, Children's Initiative advocates will know the result of their efforts. If it passes, there will be $360 million per year dedicated to new and existing programs. If it is defeated, the coalition is prepared to begin again.
- As a by-product of their efforts, the coalition has already prompted an increase in both K-12 budgets and Department of Social and Health Service children's programs, to the tune of $410 million.

These are just two examples of the efforts made by family advocates in shaping public policy. The impact can be notable, and individual efforts in the public arena can benefit millions of needy people. To assist you as you become involved publicly, the following publications offer step-by-step directions for making your voices heard:

●

A Guide to Public Testimony
($6.00, Cooper Publications Building,
Washington State University, Pullman,
WA 99164-5912, 509 335-2857)

●

Communication: Listening and Lobbying
($6.00, Cooper Publications Building,
Washington State University, Pullman,
WA 99164-5912, 509 335-2857)

●

Lobbying and Political Activity for Nonprofits
($6.00, Children's Defense Fund,
122 C Street, NW, Washington, DC 20001,
202 628-8787)

Dr. Ardis Armstrong Young is Professor and Chair of the Department of Adult and Youth Education at Washington State University, Pullman, where she also serves as Extension Leadership and Public Policy Specialist. She coordinated the Family Community Leadership program in Washington and was instrumental in its becoming a national program in 1987. Dr. Young is a home economist who lectures nationally on family-related issues and is the author of leadership and public policy education materials used internationally. During her recent professional leave, Dr. Young consulted with officials at the Family Policy Studies Center in London, and the Urban Institute and U.S. House Committee on Children and Youth in Washington, DC. She is co-author of the forthcoming book, Companies that Care: Families and Work in the '90s. *Professor Young is a member of the Family Resource Coalition.*

Contact her at: 301 B Hulbert Hall, Washington State University, Pullman, WA 99164-6230, 509 335-2808

Widening the Circles of Affection: One Man's Commitment

by Frances Diana Fleming

> A child is a person who is going to carry on what you have started. He is going to sit where you are sitting, and when you are gone attend to those things which you think are important. You may adopt all the policies you please, but how they are carried out depends on him. He will assume control of your cities, states, and nations. He is going to move in and take over your churches, schools, universities, and corporations. All your books are going to be judged, praised or condemned by him. The fate of humanity is in his hands.
>
> Abraham Lincoln

From one Kentucky-born politician to another, spanning several generations, Louisville's County Attorney Mike Conliffe has taken Mr. Lincoln's poignant remarks to heart. Through extensive volunteer work and his duties as Chief Prosecutor in District Court, he has witnessed the effects of child abuse and neglect. It's there every day—in Juvenile Court, in Non-Support, Warrant, and Criminal Courts. And his experiences have transformed him from passive bystander to active prevention advocate.

The father of four children, Conliffe serves on a variety of boards and sponsors a host of projects and programs that benefit children—and, in tandem, their parents—ranging from a highly successful child support collection effort to an award-winning latchkey program. Some have achieved national acclaim.

Leadership that emanates from the prosecutorial office is unusual, but Conliffe's approach to solving problems that afflict his constituency is based on solid community networking practice. His staff begins by raising awareness that problems exist. Dialogue with individuals and groups follows, and those who will commit time and effort to finding solutions are joined. He listens and learns from volunteers, allows them latitude, and provides the backing of his office and his own strength of purpose.

Modest and unassuming, Mike is both catalyst and mediator, effectively developing community partnerships and bringing warring factions together. At a time when politicians are frequently accused of delivering little more than lip service, he puts money where his mouth is. Funding for all of these projects originates in the County Attorney's office and fuels the work of healing and protecting families and children. Some examples:

The Caring Connection

Concern for the safety and well-being of children is reflected in a free educational program for parents, particularly working parents, and their latchkey children who care for themselves. In Louisville, the number of working mothers of school-age children has surpassed 75 percent.

I initiated this program in 1983 with the help of Joan Johnson, a local child advocate who was just honored for her prevention efforts by Group W at a Congressional event in Washington, DC. Jeannie Heatherly, Administrator of the Adult Education Program of the Jefferson County Public Schools, helped implement the program at several adult ed and school sites. Under her supervision, adult education won the U.S. Secretary of Education's Award for Excellence. Lt. Paul Reece of the Crimes Against Children Unit added his expertise.

The results? A warm partnership with the schools and with agencies who serve families, particularly those at risk. The program has also been adapted for businesses and corporations as a brown-bag lunch program to meet the needs and interests of parents in the workplace.

Topics covered in two sessions of the basic "I'm in Charge" program include stress management, recognizing stress in children, positive communication, personal safety and listening skills, emergency responses, problem solving techniques, and tips for building self-esteem. Classes target fourth grade children and up.

Teams of volunteers are carefully recruited and trained by Margie Fry, LCSW, of Wayne and Associates, who serves on a national committee for the American Society for Training and Development. The volunteers she trains facilitate the spring and fall classes offered through adult ed.

Over the years, the program has kept pace with the changing needs of parents and children. It is from the participants and our volunteers that some of the best ideas have evolved to improve the program.

The Latchkey Alliance

An offshoot of the Caring Connection, the Latchkey Alliance was created as an intergenerational pilot program that links seniors and latchkey children in a friendly, telephone relationship. Adult participants a asked to make calls, to actively listen to the children, and to reinforce existing home rules established by the parents.

In her speaking engagements throughout the community, director Mary Cheap utilizes the warm and touching video, *In Close Harmony*, which depicts a successful intergenerational choir spawned in New York City. The video helps to dispel myths that impede seniors and children from forging relationships with one another.

Child Support Division

Another of Mike Confliffe's success stor is in the collection of delinquent child support. His operation, directed by David Cathers, expects to surpass the $22 million mark this year, more than doubling the $9 . million collected when Conliffe assumed office in 1986. Examples of the services provided for custodial parents are locating non-supporting parents, establishing paternity and support orders for children born o of wedlock, and the criminal prosecution o persistent non-supporters. As a result, Jeff son County's program is one of the most progressive in the United States.

CARES Parent Resource Handboo

Our ongoing commitment to parents and children is reflected in the funding of a Parent Resource Handbook, developed by CARES, Inc., a Louisville group working under the umbrella of the Kentucky Counc on Child Abuse. This award-winning proje was the brainchild of Emily Hutchinson, director of Child and Family Services of Seven Counties Services, Inc., who has served as consultant to the National Council on Crime and Delinquency.

Offering information on nutrition, child development, medical and dental care, discipline, as well as emergency and community resource numbers, the Handbooks are available to parents, schools, agencies, hospitals, and day care centers. More than 50,000 free copies have been distributed through the County Attorney's office.

Driving Under the Influence Program

Traffic Court prosecutors from Conliffe's staff offer programs on the drunk driving laws for high school students. Along with a brochure that outlines Kentucky's stringent DUI laws, each student is given a button that boasts, "I'm One of a Kind." This theme encourages teens to celebrate their own uniqueness and that of others. It is Conliffe's hope that this positive approach triggers a sensitive choice of action in drivers—that if they are under the influence of alcohol or drugs, they choose not to drive; that they choose life for themselves and for others.

Family Focus

The County Attorney's office has played a key role in the establishment and funding of Family Focus, an annual celebration of the family and of the value of children.

Last year's spring campaign highlighted the gifts of senior citizens to our children and paired seniors and youth in a variety of activities including dance, music, cooking, and arts and crafts. More than 150,000 people of all ages wore "I'm a Family Heirloom" stickers to emphasize their own special qualities and the gifts they bring to their respective families.

A positive child abuse prevention campaign, Family Focus has more than tripled in scope through the support of nearly 100 agencies and organizations. Designed to increase awareness of the vital importance that strong family life has for the community, the campaign identifies ways the community can invest in its families.

The campaign involves the educational, civic, religious, governmental, human service, and corporate segments of the community and embraces all families, whether they be traditional, single parent, or blended. The month-long campaign culminates with a free Family Festival which draws a broad cross-section of families from throughout the area.

FamilyFocus 89

Self-Esteem Projects

Evaluations from parents and children involved in the latchkey program suggested the need for a campaign to "Hug Your Child with your Words." Magnets bearing the message are given as gentle reminders for busy parents. The award-winning theme is used as a full-page ad in community newspapers throughout Kentucky and as public service billboards.

Other tips for building self-esteem in children are distributed through teddy bear handouts "bearing" helpful suggestions, CARE-A-GRAMs, parent guidelines, and positive communication and listening skills. All materials are geared to helping parents and children connect in a warm, positive way. Like the Parent Resource Handbook, the materials are distributed through Conliffe's office.

Child Abuse Prevention Video

The Kentucky Council on Child Abuse (KCCA) has recently produced *The Lives We Touch*, a video that provides a warm, sensitive approach to the primary prevention of child abuse and neglect. It is available for use nationally as an educational tool for anyone who touches the life of a child.

As writer/producer, I combined the Gallo Wine voice of Hal Riney of San Francisco with the photography of James Archambeault of Lexington. Riney is well-known for his voice-overs in selling a variety of products and services from Coors beer to Alamo Rent-A-Car. Archambeault has published two landscape photography books, Kentucky I and II. The video weaves his scenic landscapes and portraits of children with Riney's emotion-laden voice.

John P. Kasey of Louisville Productions directed the film, which features an original score by Emmy award-winning composer Phil Copeland. Kasey has won numerous awards for his work on commericials, business communications, and special projects.

Through a grant from Conliffe, the film was made available free to every one of the more than 200 library branches throughout Kentucky. Individuals, schools, corporations, civic, and professional groups may check out copies of the video at no charge. All of the talent tapped for the production was donated as an in-kind gift to America's children.

Contact: Jill Seyfred, KCCA Director, 606/276-1399.

CASA Video

I recruited the same creative team to tackle another video, *Silent No More*, produced by Louisville's CASA (Court Appointed Special Advocates) Project. It features beloved author and lecturer, Leo Buscaglia, Ph.D. Now available nationally, the video can be used to recruit volunteers and to highlight the effectiveness of the program.

CASA was originated in 1977 by Superior Court Judge David Soukup of Seattle, Washington. His frustration and concern in making life and death decisions about abused and neglected children fueled his desire to establish the volunteer program which has received national recognition.

Highly trained CASA volunteers befriend an abused or neglected child, research and guide the case through court, and serve as the judge's eyes and ears. They interview, gather information, and make recommendations in the child's best interest—without the encumbrance of policies and guidelines—acting as commited advocates for the child.

The video will aid existing CASA chapters and provide insight for individuals or groups interested in creating chapters in their own communities. Again, all of the talent was donated as an in-kind gift to children.

Contact: Sally Erny, Executive Director of Louisville's CASA Project, 502/588-4911.

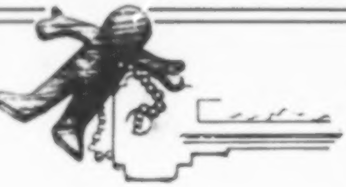
Anthropologist Margaret Mead has urged us all to "eliminate the barriers around isolated families and raise children in widening circles of affection . . . ." Mike Conliffe is striving to do just that as he and our staff mesh with the many talented, committed people who share that dream.

casa

A child's voice in court.

Frances Diana Fleming of Louisville, a former journalist, is currently Public Affairs Director to the Jefferson County Attorney where she directs prevention programs in child abuse and neglect. She initiated The Caring Connection, and won state, local,and national awards for Kentucky's first latchkey program. Her campaign to counter verbal and emotional abuse—Hug Your Child with Your Words—brought an award from the Juvenile Justice Commission, and is being adopted for use by the National Committee for the Prevention of Child Abuse. Frances is also a video writer/producer, and a member of the Family Resource Coalition.

Contact her at: The Jefferson County Attorney's Office, 100 Fiscal Court Building, Louisville, KY [illegible]202. 502/625-6336.



Project HOME SAFE

Working for Latchkey Children

by Margaret C. Plantz

Project Home Safe (PHS) is a national demonstration and advocacy program on behalf of latchkey children and their parents. These are children age five to thirteen who spend time at home before or after school with no adult present. Begun in August 1987, PHS was developed and is operated by the American Home Economics Association (AHEA) with a three-year grant from Whirlpool Foundation.

AHEA has an eighty-year history of advocacy and activism on behalf of children and families. From early efforts to abolish child labor to recent initiatives to prevent adolescent pregnancy, reduce family violence, increase youth employability, and improve nutrition services for children in Head Start, AHEA has demonstrated its ability to marshall resources that make a difference for families. For its development and operation of Project Home Safe, AHEA just received the first place Award of Honor among national organizations from the National Safety Council.

Project Home Safe was designed to promote multiple solutions to the problem of children on their own. The Project provides training, technical assistance, materials, and similar resources to help home economists, educators, government and community agencies, child care providers, and others implement locally developed strategies. These resources are disseminated through four Project components.

National School-Age Child Care Resource Center

Project Home Safe established this center, which can be called toll-free at 800 252-SAFE, for parents, child care professionals, media representatives, researchers, and the general public. Resources include

- tip sheets for parents on safety and activities for children at home alone; dealing with boredom, loneliness, and fear; healthful snacks; and books on self-care for both children and parents;
- fact sheets on developing and operating supervised programs for school-age children;
- information on ways volunteers can help improve child care options for school-age children and their parents;
- a library of program manuals, books, audio-visual materials, and other resources related to self-care and school-age child care;
- bibliographies on such topics as activities for children, home and personal safety, self-care curricula and workbooks, school and church involvement in school-age child care, and audio-visual resources; and
- a computerized data base of several hundred titles that can be searched for a variety of topics.

All materials are provided at no charge. During its first year, the resource center responded to over 1,300 inquiries on self-care and school-age child care from parents, educators, child care providers, program developers, and others.

Training and Community Involvement

Each year, five states are selected as Project Home Safe training sites. Two home economists from each state receive intensive preparation to become PHS trainers. In turn, they train volunteer home economists and others to assess local child care needs and resources, offer educational workshops for children and parents, tap existing resources to help children who are alone after school, and build community coalitions to develop and expand school-age child care programs.

PHS volunteers contribute at least forty hours of community service developing and implementing programs for children in self-care and their families. Volunteers structure service plans based on their individual interests and backgrounds, their professional roles, and the needs and resources of their particular communities.

During the first two years of the Project, 380 volunteers were trained in Arkansas, California, Colorado, the District of Columbia, Florida, Kentucky, Michigan, Ohio, Oregon, Texas, and Wisconsin. During the Project's third year, another 150 to 200 volunteers will be trained in Connecticut, Illinois, New Mexico, North Carolina, and Virginia.

Records of sixty-one first-year volunteers show that they donated 2,880 hours of community service reaching 14,000 children, parents, child care providers, elected officials, and others.

Research on Self-Care

High quality research on latchkey children is limited. Therefore, Project Home Safe awarded two grants: A $40,000 professional grant supported a study of the predictors and consequences of the amount of time children spend in self-care; and a $10,000 graduate student grant supported a study of sibling caretakers' perceptions of their role. Findings from both studies can improve the quality of society's response to the problem of children at home alone.

School-Age Child Care Standards Initiative

Because there are no widely recognized standards of quality for programs serving school-age children, PHS is sponsoring an initiative to develop recommended standards for staffing, facilities, activities and curricula, health and safety, parent involvement, and other vital aspects of school-age child care.

Individuals and organizations across the country with expertise in this field have helped create a consensus concerning topics for which standards are needed and specific criteria that should be used. Some recommendations apply to all programs serving school-age children; others relate to particular environments, such as child care centers, enrichment activities, or recreation programs. They will provide guidance for program development, evaluation, and improvement. They also will be valuable to licensing, certification, and accreditation systems.

Plans for the Future

Project Home Safe is in the final year of its three-year grant from Whirlpool Foundation. Tasks for the next six months include a third round of volunteer training and community work, publication of a training manual based on the PHS model, distribution of the recommended school-age child-care standards developed under Project auspices, and dissemination of findings from Project-funded research.

An application for a fourth year of funding to extend the volunteer training model to new audiences is under review. If funding is not secured, the holdings of the Project's school-age child care resource center will be transferred to an appropriate organization. The training manual, school-age child care standards, research findings, and efforts of nearly 600 trainers and volunteers will remain as a lasting legacy of the Project.

Margaret C. Plantz, Ph.D., is the director of Project Home Safe. Her career has focused on the effects of public and private sector policies on families. She also has studied family ethnicity as a factor in the delivery of social services.

Contact: Project Home Safe, 1555 King Street, Alexandria, VA 22314, 800 252-SAFE.

Dealing with Affluence: The New Challenge

by Andrée Aelion Brooks

As Ernest Hemingway told us, the rich *are* different. So whether it is new money or old money, or money in the making, the issues surrounding the raising of children of privilege tend to differ from the issues facing regular youngsters—most especially so when the parents are high-achieving people on the fast track.

Nevertheless, possibly due to their limited numbers, or because the well-to-do do not command the moral imperative of the poor, only a minimal amount of research has been done in this area to date. We know precious little about the impact of such a household on a child's behavior and personality development.

Instead, the fantasy remains that because these children have so many material advantages, and their parents are so accomplished, their problems must be minimal—or at least not something either they themselves, their parents, or family counseling professionals should be spending too much time fretting about.

Yet it is vitally important to know more since these youngsters are destined to become leaders in business, in politics, in the professions, and the arts. They will occupy positions that affect the lives of hundreds of others and set a variety of standards for our society.

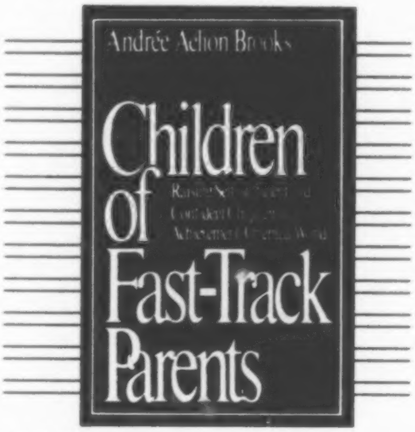
Moreover, there are now so many of them. Some 1.5 million U.S. families have a net worth in excess of $1 million; over 50,000 taxpayers are declaring annual incomes in excess of $500,000. And the IRS reports that as many as 3.3 million households have incomes of $75,000 or more—sufficient in many places for two cars, a good home, a private school education, live-in help, and country club membership.

But, in fact, these children's difficulties are manifold. There is a burden that accompanies the blessing, pain that travels in tandem with privilege—both made all the more difficult because they and their parents are often afraid to admit publicly to difficulties, realizing that society views them as "golden" youngsters.

So, although these children may seem lucky at first glance, are a whole new set of problems and pressures being created by the lofty expectations their parents have for them, the exalted levels of the parents' own professional and financial success, the preoccupation of the parents with their own careers, coupled with the affluence enjoyed by these households? By giving these youngsters the best of everything, are the parents really giving them everything that is best for them?

With a publisher anxious to bring out a book on the topic, I set about finding the answers. I interviewed dozens of the youngsters as well as their parents, teachers, therapists, tutors—anyone who had regular contact with their world. Wanting an historical perspective and compensating for a paucity of clinical materials, I also burrowed through the biographies of prominent American leaders and their families to find out how their children had fared through the generations.

The findings drew a startling portrait of the flip side of having it all. Here, briefly, are a handful of highlights from my book, *Children of Fast Track Parents*, published by Viking in 1989.



Self-Esteem

Contrary to popular notion, these children may need special bolstering because their self-esteem may be lower, not higher than average. Unless counter-measures are taken they are in danger of growing up feeling inadequate compared to a "perfect" parent who often has little tolerance for failure or any mediocre performance that the child may turn in. This can become an acute problem when the child is not particularly intelligent, good-looking, or talented. Being given over to a nanny or an *au-pair* at an early age only enhances a subconscious sense of worthlessness—the child may absorb the notion that being so low on the parental priority list must indeed suggest that he or she has little worth.

In addition, that child must deal with social expectations that he or she is going to continue the path of upward mobility. And that anything less is a sign of failure.

Too Many Possessions

Having so much showered on you so early in life leaves little room to appreciate the value of any item, or cherish anything too closely, since you assume that any possession can be (and often is) replaced immediately. Such largesse may lessen the development of deep emotional attachments, give a distorted idea about what it takes to lead a pleasant life, and minimize elation and joy by never being given the chance to long for—and have to wait for—something truly special.

Controlling Nature of Parent

A successful person is often someone who has a penchant for controlling others. And it appears to be hard for many of these parents to "let go" anywhere along the child-rearing path. This can make it difficult for the child to gain confidence in his decision-making abilities and lead to retaining childish behaviors long into adult life.

Inheritance

Inheriting a substantial amount of money can be a mixed blessing. A trust fund nurtures that same childlike dependency rather than fostering adult behavior. The windfall can corrode ambition and leave the child with a shaky sense of being able to make it on his or her own merits.

Pressure to Succeed

As Dr. David Elkind has shown us, there is great pressure on today's parents to produce a brilliant child. The fast-track parent is often more anxious than most to do this, fearing that otherwise that child may not continue to enjoy the same level of affluence and social status. While this challenge may (and often does) spur a truly bright child to greater accomplishments, a lesser endowed child is in danger of feeling ashamed over letting the family down. He/she may wither under the burden.

Caring parents and professionals can do a lot to overcome these difficulties, however. My research for *Children of Fast-Track Parents* not only pointed out the problems, it also suggested ways to tackle the issues once identified. Indeed, since the book came out last spring, I have been besieged by schools, parent groups, and counselors seeking information and workshops. As a consequence, I have developed training manuals, case studies, and worksheets aimed at helping parents and professionals look at these youngsters with new eyes.

Andrée Aelion Brooks is an award-winning journalist who has been writing regularly for the New York Times *since 1977; she was a member of the team that wrote the Monday "Relationships" column from 1981-87. Her book,* Children of Fast Track Parents, *is published by Viking. Further details about speaking engagements and training sessions can be obtained by writing to her at 15 Hitchcock Road, Westport, CT 06880 or calling 203 226-9834.*

Stumbling Blocks To Self-Esteem

by Louise Hart

Self-esteem is as important as legs to a table. Healthy cultures and families nurture self-esteem from early on. In our culture, unfortunately, self-esteem skills are mostly learned by chance, if at all. We are more likely to be taught stumbling blocks to self-esteem, such as perfectionism, comparison, self put-downs. And we pass them on to our children. Yet, for the sake of healthy children, we must unlearn what doesn't work and relearn what does.

Little children have wonderful memories. They are, by nature, very impressionable because they have so much to learn to prepare themselves for the rest of life. Children are ready and eager to learn about their world and to learn how to be in it. They are trusting and believe what they are told. They learn from everything. They accept whatever they learn as the "truth" about how the world is. They do as they are told.

In simpler cultures this works very well. From parents and others who care about them, children learn what they need to know in order to become effective adults. In our culture things are different. Children learn less from their busy parents, little from neighbors, and too much from television and Hollywood. As a result, they miss out on essential lifeskills they need to become healthy and competent adults. The mass media cultural values and myths clutter their minds with misinformation that can imprison them in pain and grief.

I have spent many years sifting through what I have learned, unraveling the misinformation, poking holes in the myths, peeling off the layers. At age forty, I finally knew what I needed to know at fourteen.

In this article, I discuss barriers to self-esteem and mental health. Once we identify the stumbling blocks, we can turn them into stepping-stones for personal growth. Once we see clearly, we can help our children avoid the pitfalls. It is better to prepare than repair.

This chapter from The Winning Family *has been excerpted with the author's permission.*

Assuming Too much Responsibility for Other People's Lives

When babies are born, parents have total responsibility for their survival and well-being. As they grow and are able to do things for themselves, parents must turn over responsibility to them, thereby lightening their own load.

If this transfer does not occur, if parents carry more responsibility than is necessary or appropriate, children are deprived of opportunities to grow, develop, and expand. Children may not believe that they can take care of themselves or solve their own problems. Then one day, when Mom and Dad aren't around, life will throw them a curve and, not knowing what to do, they'll probably be overwhelmed.

Parents, carrying too much responsibility, may feel burdened and try to control others. Blame and anger often result with everyone's self-esteem dropping.

The Alternative

Every person is first and foremost responsible for himself or herself. The task of the parent shifts from having total responsibility over infants to having almost no responsibility over them as adults. The task of the child shifts from having no responsibility as an infant to having total responsibility as an adult. This gradual process, in harmony with the developmental stages of the child, occurs over fifteen to twenty years' time.

As children are ready to assume more responsibility for their behavior and their lives, parents can ease up the protectiveness, trust them more, and breathe a sigh of relief as their responsibility lessens. We teach children responsibility by teaching ourselves not to do things for them that they can do for themselves. And as they learn to do more and more things for themselves, their competence and confidence increase.

Comparison

Comparison is a set-up for competition and low self-esteem. Comparison inspires interpersonal competitiveness and defeat. My success depends on your failure, and you are hoping that I will fail. This win-lose situation leads to anxiety and loss of self-confidence, which interfere with performance. Comparison also interferes with cooperation and teamwork. No one really wins.

Competitiveness has been considered a national virtue that brings out the best in us. Yet evidence shows that this is not true. In fact, competition may make people suspicious and hostile toward others. They are less apt to trust or communicate with one another. Competition separates people and drives them apart. When we compete and compare ourselves with others, we can always feel like failures because there's someone better than we are.

The Alternative

We can let go of the tendency to compete with everyone. We can learn instead to appreciate the differences and be sincerely happy for others' achievements and successes. As one woman stated, "Edna's a good cook, so let her cook!" This shift from win-lose to win-win thinking makes life less stressful and more fun. The win-win belief fosters cooperation which is essential for healthy, winning families.

Self Put-Downs

Many people have learned that it is not okay to say good things about themselves. When they did, they were criticized for "tooting their own horn," being conceited, or bragging. So they learned to put themselves down instead. Doing that, their self-esteem suffered.

The Alternative

People do not achieve greatness while telling themselves how awful they are. Scientists and soccer players, mothers and musicians, become great by wanting it, by believing in themselves, and by working for it. After setting a goal, they encourage and support themselves (self-talk) and take pride in their progress.

The word pride is used both positively—"I'm proud of you"—and negatively—"Don't be proud." To me, to be proud means to feel good about someone and/or their performance. On the other hand, to put yourself up and others down—"I'm great and you're not"—is false pride or egotism.

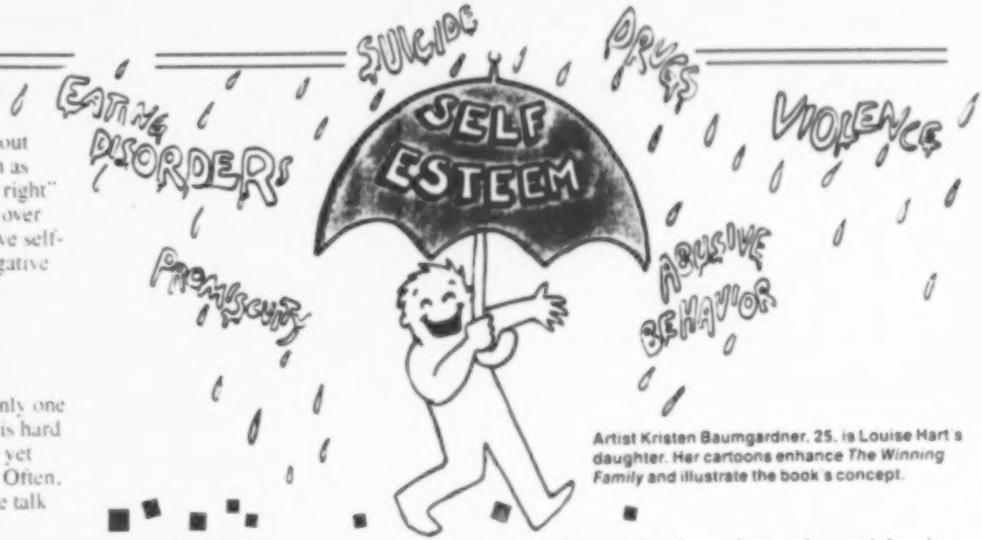
Begin to listen closely to how you talk to your children. Listen for, then ban negativity; it lowers self-esteem. Catching your kids being good and noticing it will make them more aware of their positive attributes and raise their self-esteem.

Louise Hart, Ed.D. is a community psychologist and a leading national consultant in the area of self-esteem development. She presents seminars on self-esteem enhancement and personal empowerment for conferences and agencies, educators, and parents all across the country. In her book, The Winning Family: Increasing Self-Esteem in Your Children and Yourself, *Dr. Hart shows parents how to break out of damaging family patterns. She is a member of the Family Resource Coalition.*

Contact: Dr. Louise Hart, 275 Park View Terrace #2, Oakland, CA 94610.

The Winning Family *is available ($12.50 postpaid) from Lifeskills Press, c/o Publishers Services, Box 2510-F, Novato, CA 94948-FRC.*

Listen to how your children talk about themselves. Negative statements such as "I'm dumb" or "I never do anything right" let you know what they are repeating over and over again to themselves. Negative self-talk leads to negative feelings and negative behavior.



Artist Kristen Baumgardner, 25, is Louise Hart's daughter. Her cartoons enhance *The Winning Family* and illustrate the book's concept.

The Win-Lose Approach

The win-lose approach, in which only one person wins and everyone else loses, is hard on self-esteem. Nobody likes to lose, yet mostly we're made to feel like losers. Often, focusing on faults and failures, people talk themselves into becoming losers.

The Alternative

We need to expand our definition of winning. You are a winner. Every success, accomplishment, achievement, every task crossed off a "to do" list is a win! In the grocery store, putting milk into the cart is a win. We are winning all the time. Often, however, our wins go unnoticed and unappreciated by ourselves and others, and our self-esteem sags.

We all deserve more appreciation. Yet we can't appreciate something if we don't notice it. So we need to start looking for the wins. Make a list of ten wins during the last few days. Now give yourself a pat on the back. Appreciation for ourselves and others can turn duty into a gift. It makes us much healthier and more fun to be around.

Avoidance

Everyone has pain and discomfort at times. What do we learn to do with it?

- Distract: "Let's watch a movie."
- Deny: "No, no, I'm okay."
- Drug: "How about a drink?"

For example, I discover a flat tire on my car. If I deny it, distract myself, or have a drink or a pill, the tire is still flat. If I do nothing, nothing changes except my inner experience. If I pretend that it's the way I want it to be, I'm deluding myself.

As long as I keep avoiding, I remain stuck in feelings of helplessness and numbness. When we avoid pain, we hold on to it. It becomes chronic. And it takes more energy to avoid pain than to face it.

The Alternative

Unhappy people and families don't become happy by pretending, denying, or avoiding reality. They become happy by making positive changes. In order for things to change, I must *do* something. I must attend to the flat tire and fix it. In figuring out how to solve a problem, I *do* something, I *change* something, and I *learn* something. When it's resolved, the pain is gone. I am stronger and feel the joy of overcoming. We're put on this earth not to struggle but to grow.

Objectification

Sometimes we don't see people as they really are—as living, changing human beings. Instead we see them as objects or stereotypes. If I view you as an object, I have a preconceived idea of how you are supposed to be, and I want and expect you to fit the picture in my mind. When you cooperate and are predictable, I am satisfied. If you do not behave the way I think you should, I'll probably be angry and blame you.

Regarding my own actions, those that are consistent with what I want to believe about myself are okay; those that are not are filtered out—denied. Only certain facets of my life, therefore, are accepted. The rest are underdeveloped (frozen) or hidden—from myself and from others.

A simple way to understand this complicated process is to imagine that I have a picture or snapshot in my mind of how I'm supposed to be (the Ideal Me) and one of how you're supposed to be (the Ideal You). You yourself also have an image in your mind of how I'm supposed to be and another of how you're supposed to be. We then want and expect the real person to fit the ideal or "perfect" image.

Controlling the world to fit the way I think it's supposed to be results in the illusion of stability and predictability. Yet because my perception is narrow and so much is hidden, I will never honestly get to know myself—or you. I will not really see anyone or anything else as they are—but I won't realize that.

Objectification leads to performance ("Smile for the camera"), second-guessing, pretense, stress, and focus on externals. We can spend a lifetime doing what we imagine others want us to do—only to find out that they never really wanted that. We can spend a lifetime never doing what we want, never even knowing what we want, because we're caught up in an imaginary, artificial structure that has little to do with reality.

The Alternative

People are not objects that fit into mental snapshots. They are rather like movies—always in motion, always changing, always "in process." People who are really alive and enjoying themselves understand that the snapshot captures certain moments or events. Yet the exciting, vital processes in between—the ups and downs, the ins and outs—give depth and breadth and richness to life.

Theologian Martin Buber describes this concept in terms of an "I-Thou" relationship, as opposed to "I-It" objectification. In the I-Thou approach, mental images and expectations of how people and things are *supposed* to be are put aside or suspended. We are instead open to the present moment, to seeing each individual *right now*, without labels, without projections, without the distortion of past memories. We can see how they are changing.

Instead of filtering out—denying—everything that doesn't fit our image, we realize that everything is greater than our present (mis)perception of it. We see the world with new eyes, with a willingness to let in new experiences and information. An attitude of openness follows—toward oneself and others.

It's okay to be who you really are. In fact, it's important, as a parent, that you are first and foremost a real person—yourself. Then look at your kids, beyond the externals. See beyond their appearance, their performance, and their behavior. See the inner beauty and richness that make them unique and lovable.

It's a relief to realize that you don't always have to be on top of things; you don't always have to be strong. You're human—with good and bad days. That's okay. When you accept your own humanness, your kids more readily accept theirs.

This shift brings with it excitement and aliveness; it presents a constantly changing and expanding world. Communication is no longer guarded but is open for learning about and sharing—with oneself and with others. This increases honesty and integrity, freedom, meaningful friendships, and personal growth.

Winning families are made up of such people who see themselves and others as worthwhile persons, not as objects or roles, and who are able to appreciate and understand the exciting inner process of being human.

Newspapers: Beautiful? Bad? It Depends

by Alice R. McCarthy

This is a success story about a collaboration between two professionals in family-related fields who had a vision of empowering parents on a grand scale, and a big city newspaper with a heightened sense of public responsibility. It tells how determination, expertise, and reader response have resulted in a unique media commitment to families throughout the state of Michigan and across the country.

The *Detroit Free Press*, with a circulation of 742,500, currently presents a full page of professionally written parenting advice to its readers every Sunday morning with breakfast. The columns are also placed on the Knight Wire which serves 200 newspapers—exerting a great influence nationally.

The two of us began with worthy goals: to provide families with parenting information covering a wide range of issues and ages, and to reinforce educational and recreational opportunities. In 1986 the questions were, "Would readers of a major American newspaper want to read weekly advice regarding child development and the functions of the family?" and "Would readers want to know how to find new products, books, and educational and recreational ventures to enhance family cohesiveness?"

Pat Peart and I were convinced they would, and the next step was to sell the idea to the *Detroit Free Press*. Selling is hard work, but sell we did. We prepared sample columns and layouts, suggestions for art work, and lists of professionals to serve in an advisory capacity. We wrote and revised, each time honing our rewrites to meet the needs of the newspaper in general and feature editors in particular. The time was right for us and for our material. David Lawrence, Jr., then publisher and chairman of the Free Press, said recently, "If we had wisdom, it was to recognize a good idea when we saw it."

Publication of the first Parent Talk page on February 1, 1987 resulted in the largest number of calls about a separate page in *Detroit Free Press* history. Letters and commendations followed, as did state and national awards.

Columnists on the Parent Talk page are Louise R. Ritchie, Ph.D., Evelyn Petersen, M.S., Patricia B. Peart, B.S., B.F.A., and myself, a Ph.D. The group has significant background in family-related disciplines and this collective knowledge represents a considerable service to families. Equally exciting is the use of a 40-member Advisory Board from multi-discipline family fields who answer parents' questions about everything from AIDS and anorexia nervosa to the special concerns of working parents. In nearly three years of production and more than 750 columns (newswire and syndicated columnists are utilized sometimes), a remarkable variety of topics have been considered. The copy is used in college teaching, hung on bulletin boards, stuffed in wallets, and sent to relatives.

Louise Ritchie, a psychologist, writes about family systems, substance abuse, and children's reading. Evelyn Petersen produces two columns per week—one for the parents of young children and the other related to adolescents. Each writer is an award-winning journalist.

Patricia Peart writes from an extensive background in publishing and with her 6-, 8-, and 9-year-old sons in mind. She describes new ideas, new products, and new places to go which help families grow and have fun.

As Director of the Advisory Board, I receive parenting questions from readers and submit them to carefully selected board members. Tightly worded pieces of advice are supplemented with resources and references; copy is reviewed for newspaper style and submitted to the *Free Press*.

Feature Editor Marty Claus says the *Free Press* was ahead of other papers because "We could see the swing away from women's sections where family advice had previously appeared. We also felt that many families would use their newspaper as a source of information when they were too ashamed or bewildered at what was going on in their own family to go to another source."

Spin-offs from the page have included the "Gift of Reading," a project launched to distribute new books to poor children. Directed by Louise Ritchie, the project has been broadly copied across the nation, with 140,000 books given locally to children. This year organizations are being urged to adopt a "Buddy System" to tie the givers and the receivers together.

As editors, Pat Peart and I have published a book of outstanding columns written by members of the Adviosry Board. *The Michigan PTA Parents' Answer Book* has been widely acclaimed for its innovative style and information.

How to Go About Getting into Print

Our editor, Michael Smith, suggests the following: "Don't be bashful about approaching your local newspaper. Offer ideas. Lend support and/or expertise. And don't be put off if someone can't commit—editors are always on deadline. Study your local newspaper. Is there a reporter who seems to be assigned to family issues? Is there a section devoted to the areas that include your specialties? After you've studied the paper, write a succinct letter to the person most responsible for content. Tell that person how you can help. Include a brief resume to show that you have the credentials to back up your advice."

Louise Ritchie suggests that editors be prompted to use the material on the Knight Wire. "Offering to prepare local resources and supplemental material will make the package attractive. Professional organizations need to let editors know that there are competent people who can answer questions."

Evelyn Petersen said it well, "We need to get to the general public with issues related to families. Only then can we impact legislation and effect change."

There is only one way to know if your message is getting to the public: if the public responds. My files bulge with correspondence from parents: How can I toilet train my 4-year old? Is my child gifted? How can I keep in touch with my grandchildren after a divorce? What should I do if my child is hit in school? Does giving a male doll, anatomically correct, encourage homosexuality? A question about building self-esteem resulted in 300 requests for a reading list; a major corporation asked permission to reprint a column providing sources of financial help for college-bound students.

So, be persistent, be patient, don't expect immediate results. Learn to write in newspaper style, eliminate professional jargon. And be assured that parents want and need the information you are trying to sell. Your professional involvement can make your newspaper beautiful for families.

Alice R. McCarthy, Ph.D. is an award-winning family educator, editor, and researcher. She is the mother of five young professionals and grandmother of four. She and Patricia Peart, who initiated the Parent Talk page, will consult regarding publishing.

Contact them at: Bridge Communications, 306 S. Washington, Suite 208, Royal Oak, MI 48067; 313/541-0537 or 313/646-1020.

Dr. McCarthy is a member of the Family Resource Coalition.

From Service Provider to Entrepreneur: A Divergent Path

by Earladeen Badger

Beginning in the 1980s, a new administration obtained public support to dismantle many of the federally funded programs designed to improve the conditions of the poor. For those of us working with the poor, the reality of financial cutbacks was upon us. Some of my colleagues decided to intensify their efforts to compete for public monies which were in short supply; others decided to give up and develop new career paths. I was somewhere in between.

Personal direction was provided in a statement made by former President Reagan. He challenged us to correct social inequities by combining the public and private sectors; the result would be a new corporate conscience. As a member of the academic community, I belonged to the public sector. The question then became, "How do I connect with the private sector?"

My decision was to become an entrepreneur within an academic setting. With the blessings of the University of Cincinnati Department of Pediatrics, I began to repackage my parent training curriculum, designed for the poor, in order to market it as a service program for middle class parents. The infant and toddler teachers' guides became a parent guide called *Infant Toddler: Introducing Your Child to the Joy of Learning* (Instructor/McGraw-Hill, 1981).

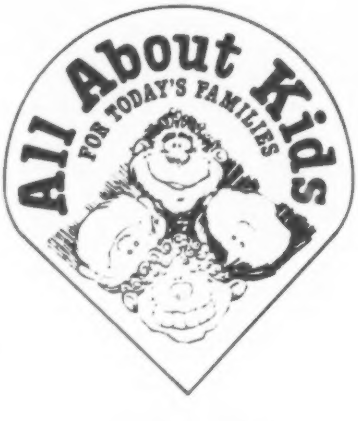
Supplementary recruitment and marketing materials were developed by bartering with a large local toy firm—I became their toy consultant and they helped me develop a business plan. Our relationship was complementary and mutually beneficial. Difficult as it was to change, I nonetheless benefited enormously from my business and media contacts. Reinforcement was provided through a course I attended which was designed for business entrepreneurs. Slowly but gradually, I have been able to eliminate educational jargon from my vocabulary and to convince myself that taking a business approach is not all bad.

The result of this initial experience in combining the public and private sectors is that over 1000 middle-class Cincinnati families have enrolled in the Infant Toddler Learning Program (ITL) over the past eight years. However, the ITL program at Children's Hospital Medical Center has never generated more than $20,000 a year, and three-fourths of that income goes to pay contract instructors' salaries.

Mass Marketing

What I have described thus far is a modest business venture targeting today's mature, well-educated parents who are eager for information and emotional support. But what happens when you're impatient with the small number of parents being reached, and you begin to think on a larger scale? How does Burger King sell hamburgers? The mass media. You think that your product (kids) is at least as important. What do you do?

You rent the Cincinnati Convention Center and have an All About Kids Show. The idea of producing a quality show where kids have fun, parents receive information about child-related products and services, and the family spends quality time together—all under one roof—proved irresistible. Promoting healthy families became a new marketing interest for Children's Hospital and the community embraced the concept. The focused market was families with children under fourteen years of age.



The first year's All About Kids Show in 1986 included 104 exhibitors of products and services, five interactive play areas, continuous on-stage entertainment, and a fundraiser for Children's Hospital. The response from 10,000 parents and kids who attended was overwhelmingly positive and we broke even financially. The 1987 show was expanded to include 152 exhibitors and ten large interactive play areas. Attendance doubled, the response was "Do it again next year," and All About Kids turned a profit.

During years three and four, the number of attendees stabilized at 30,000 while the exhibitor space doubled (160,000 square feet) as we attracted forty large corporations who saw the merit of a soft-sell approach through the creation of interactive play areas for children. The continuing goal of the annual All About Kids Show has been to involve all of the exhibitors in providing hands-on educational experiences for children in the areas of music, art, recreation, science, math, nature, and computer technology.

The success of All About Kids was buttressed by the media. Three weeks before show time, there were dozens of opportunities for newspaper stories, TV and radio talk show appearances, and public service announcements. Finally, radio and TV sponsorship of All About Kids assured ongoing coverage during the three-day event.

Onward and Upward

The unprecedented success of Cincinnati's annual All About Kids Show has ushered in new opportunities to support families:

- All About Kids tabloid. A joint venture of All About Kids and a local publishing company, this monthly publication features educational articles and a calendar of family-oriented events. Paid advertising by show exhibitors assures free distribution to over 20,000 tri-state families through public libraries, schools, child care centers, and Burger King restaurants.
- All About Kids TV public service messages. Another joint venture is with our local CBS affiliate TV station. A full-time All About Kids reporter produces two-minute parenting spots with a primary prevention focus which are aired three times a week during the evening newscast. Also, we have produced thirty-second TV parenting commercials; air time is purchased by show exhibitors who then insert their wrap-around advertising messages.
- All About Kids radio public service messages. Still another offshoot of the show are thirty-second parenting messages gleaned from articles in the All About Kids monthly tabloid. Patterned after the TV parenting messages, show exhibitors pay for the on-air time.

If interest in and support for All About Kids new service paradigms continue to be good for business, we can expect corporations who market to kids to increase their support. It's called cause effective marketing, and it can work for both the public and private sectors. Certainly the University of Cincinnati and Children's Hospital Medical Center have benefited through financial contributions and from large donations of indoor/outdoor play equipment for their child care centers.

Over time, it is hoped that the quality and integrity which define All About Kids will attract serious imitators in other cities. We therefore invite members of the Family Resource Coalition to inquire about participating in a national training course that All About Kids will offer in Spring 1990. Write to All About Kids, U.C. College of Medicine, Department of Pediatrics, Cincinnati, OH 45267-0541, or call 513/588-4216 and request a copy of our press packet.

Earladeen Badger is Associate Professor in the Newborn Division of the Department of Pediatrics in the U.C. College of Medicine. She is also president of All About Kids and a member of the Family Resource Coalition.

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The STEEP Program: Helping Young Families Rise above "At-Risk"

by Martha Farrell Erickson

This article describes the STEEP program—Steps Toward Effective, Enjoyable Parenting—which is currently being implemented and evaluated at the University of Minnesota by the author and Drs. Byron Egeland and Alan Sroufe. Project STEEP provides a model of how theory and research can be used to guide development of a program of family support and empowerment, as well as a model for comprehensive evaluation of such a program.

The Job, The Challenge

> As the facilitator leads the five young moms and their 6-month-old babies through a series of games, Susan holds her baby, Brian, at arm's length with his back to her, avoiding all opportunities for eye contact or cuddling. Susan begins to toss Brian roughly in the air, bringing a startled look and then a cry. The facilitator, speaking through the baby, says, "Hey, Mom, I need to slow down and have a hug." Silently, Susan turns Brian toward her, but Brian places stiff arms between himself and his mother and screams a piercing cry.

This vignette illustrates the challenge we at Project STEEP face in intervening with high-risk mothers and babies. Neglected as an infant, Susan moved through a series of ten foster homes during her childhood. Now a 21-year-old single mother, she is struggling to overcome her own history in order to care for Brian. It is not an easy task for Susan or those of us who work with her and her son.

Unlike many high-risk mothers, Susan was consistent in seeking medical care throughout her pregnancy and was careful about diet and chemical use. Brian was a robust, alert baby at birth. However, for Susan, the tasks involved in meeting the needs of a young infant are overwhelming. Already Brian is beginning to exhibit delays in motor and social development, not surprising in view of the emotional unavailability and insensitivity of his mother. And the resistance he has begun to exhibit when his mother attempts to hold him could push Susan further away.

It is clear that Brian is on a developmental track that will likely lead to learning problems, poor socio-emotional functioning, and probably costly interventions later in life. Furthermore, the patterns of parent-child interaction we have observed are likely to reinforce Susan's low self-esteem and belief that she is bound to fail at everything she attempts.

There will be no quick fixes for Susan and Brian, but we hope that their involvement in Project STEEP during these crucial early months of their life together will be the beginning of positive change. Through intensive, comprehensive service to Susan, Brian and others in their natural support network, we hope to initiate new patterns of interaction that will begin to alter Susan's view of herself and the world, and help Brian to develop a sense of trust in others and in his own ability to solicit the love and attention he needs.

Theoretical and Empirical Foundations of the STEEP Program

Two bodies of knowledge guided the development of the STEEP program: theory and research on what accounts for different developmental outcomes among children; and research and clinical evidence on effective strategies for working with high-risk families. In particular, the STEEP program is based largely on findings from the Mother-Child Interaction Project, a 14-year study of the development of children in high-risk families, directed by Byron Egeland and Alan Sroufe at the University of Minnesota. The findings from that study contributed to our understanding of what promotes healthy outcomes in the face of poverty and the stressful life circumstances that often accompany it, and provided the basis for determining the objectives and content of the STEEP program.

Central to the development of this program are our findings on the importance of mother-infant attachment in the first year of life. We have found the quality of that attachment, measured at twelve and eighteen months, to be a powerful predictor of the child's subsequent quality of adaptation (e.g., Erickson, Sroufe and Egeland, 1985). Furthermore, our investigation of the antecedents of secure attachment (e.g., Egeland and Farber, 1984) has enabled us to identify the parental beliefs, attitudes, and behaviors that we hope to impact through our preventive intervention.

Attachment theory and supporting research (our own and others') provide the framework for the STEEP program. A basic tenet of contemporary attachment theory is that early relationships lay the foundation for a child's later development; specifically, a secure attachment in the first year of life helps the child to develop working models of others as caring and responsive, and of self as worthy of being loved and capable of getting a positive response.

The concept of working models is relevant to our work with both infants and parents in Project STEEP. To facilitate the parent's sensitive care of the child, we often must work with the parent to modify his or her own working models that were developed in childhood; this in turn can allow the parent to promote the child's development of positive working models.

The second body of knowledge that provided the foundation for the STEEP program is research and clinical evidence on effective strategies for supporting and empowering families and promoting optimal child development. An examination of that literature led us to a model that is complex and integrated, combining support, education, and what Selma Fraiberg has called "therapy in the kitchen" (Fraiberg, Adelson, and Shapiro, 1987). Therapeutic interactions aim to help the mother face her own developmental history, examine how it affects her parenting, express the pain associated with her past and present circumstances, look at current choices and actions, and consider how she can move forward to a more empowered way of living. The intervention literature also was helpful in determining such things as the timing of enrollment in the program, incentives for participation, and logistics of service delivery.

The STEEP Program: Steps Toward Effective, Enjoyable Parenting

Project STEEP currently serves seventy-five low-income, first-time parents. All are at least 17 years old and have no more than a high school education. Nearly all are single, many have a history of being abused or neglected, and many are currently in abusive relationships. An additional seventy-five families constitute a control group for evaluating program effectiveness.

The program includes both home visits and group sessions, beginning during the second trimester of pregnancy and continuing until the baby is a year old. Timing of enrollment is crucial, in that the mother cannot yet have "failed" as a parent and the program can be offered as a support to her as she embarks on the new adventure of parenting. Prenatal visits focus on the mother's feelings about pregnancy and preparation for parenting. Our previous research indicated that mothers most at risk are those who feel totally positive or totally negative about becoming a parent, rather than experiencing a more realistic ambivalence (Brunnquell, Crichton, and Egeland, 1981). This is also a critical time for the family life facilitator to build a relationship with the participant.

Three-hour group sessions for eight mothers and babies are held bi-weekly, led by the same facilitator who visits the mothers at home. Transportation is provided in a 16-passenger van, and the driver, herself a young mother, assists during the group sessions. The facilitator teaches child care skills, provides basic information about infant development, helps the mothers learn to understand and respond to their infant's cues and signals, and guides mothers in recognizing their own infant's special characteristics and needs. The format is not didactic teaching, but rather demonstration and active involvement of mothers and babies.

Video-taping of interactions and guided viewing of those tapes help to promote the mother's perspective-taking and sensitivity. Again, our previous research highlighted the importance of sensitive, contingent response to infant cues in facilitating the development of a secure mother-infant attachment. Videotapes are given to the family on the child's first birthday, and this has proven to be one of the most powerful incentives for participation.

The baby-centered time is followed by "mom talk" time (and a free meal) aimed at encouraging the mothers to build supportive relationships with each other, and empowering them to deal effectively with other aspects of their lives, such as relationships, school or work, and use of existing community resources. The program structure promotes increasing participant responsibility for group activities, with the intent of gradually decreasing participant's dependence on the facilitator while encouraging initiative and cooperation among group members.

Between group sessions, home visits provide an opportunity for the facilitator to reinforce what is worked on in group as well as to individualize the program to suit each mother's unique needs and life circumstances. While the format of the home visits is necessarily flexible, the intent is psychologically therapeutic, with an emphasis on exploring with the mother how her own developmental history and current life events influence the way she interacts with her child. Other family members or friends are encouraged to participate in the home visits to the extent that the mother wishes.

Personnel: The Critical Variable

At the heart of the STEEP program is the development of a caring, trusting relationship between facilitator and participant. Nearly all of the young mothers have a history of abuse or neglect, and their working models of others and self reflect this. In countless ways their behavior says that they do not trust others, nor do they believe in their own ability to solicit a caring response from others. It is through experience with a predictable, sensitive facilitator that many of the young mothers begin to modify those working models.

To build such a relationship, and to deliver the type of complex services previously described, requires that facilitators have well-developed problem-solving skills, and possess a certain degree of psychological sophistication and therapeutic savvy. We have generally been successful in hiring facilitators who do not hold a professional license of any type, but have at least a bachelor's degree in education or the social sciences plus hands-on experience with young children—usually their own.

Evaluation of the STEEP Program

Our current evaluation effort is funded primarily by the National Institute of Mental Health. Supplementary funds have come from Dael Fessler Zywiec, the Hugh Andersen Foundation, the Forester Foundation, the Emma B. Howe Memorial Foundation, and the Minneapolis Foundation.

In February of 1987 we began enrolling 150 pregnant women through obstetric clinics at Hennepin County Medical Center, Minneapolis Public Health Clinics, and Community-University Health Care Center. Outcome assessments have been done with both participants and the control group when the children reach 12, 18, and 24 months of age, and reflect the comprehensive objectives of the program. The evaluation asks not only to what extent the program is effective for the group as a whole, but also attempts to identify factors that may explain why the program works for some families but not for others.

Summative outcome data are not yet available. However, as we monitored and recorded the progress of each family in the program, we have seen encouraging signs of growth. Many mothers appear to be more assertive in expressing their feelings, demonstrate better life management skills (e.g., budgeting, keeping appointments), and set realistic goals and take steps to reach them. Many parents demonstrate better understanding of the meaning of their baby's behavior and seem less likely to attribute bad qualities to the child or to themselves because of disturbing, but age-appropriate behaviors such as separation protest or toddler's negativism.

Very importantly, many parents appear to be increasing their sensitivity to the cues and signals of their infants. Other signs of progress are unique to each family's situation: a mother who took steps to protect her baby from a violent father; a young woman who, with good use of social support, remained sensitive and involved with her baby while struggling with the deaths of two close family members; and another mother who completed a chef's training program (and, by the way, catered refreshments for a STEEP party with over 135 people in attendance).

We do not yet know how effective the STEEP program will be for Susan and Brian, the mother and son described earlier in this article. But we do know that Susan continues to participate regularly in both home visits and group, that she has slowly begun to talk with her facilitator about her own troubled childhood, and she recently has been observed to engage in more face-to-face interaction with Brian. These are small but significant steps on a long and difficult journey.

References

Portions of this article appeared previously in Carter, A. (Ed.) (1989) *Early Intervention Monograph.* Minneapolis, MN: Minnesota School Psychologists Association and in the NASP Communique, March 1989. Further reference information is available from Dr. Erickson.

Martha Farrell Erickson, Ph.D., is coordinator of Project STEEP. She has taught courses in assessment, intervention, and emotional and behavioral problems at the University of Minnesota, and consults with educators and social service providers on those topics. Dr. Erickson has written and spoken extensively on the socio-emotional development of young children, and is currently writing a book for Guilford Press on early intervention. She is a member of the Family Resource Coalition.

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Collaborative Leadership for Parent Groups

by Christie Connard

When I began teaching parents I saw myself coming to their rescue on the white horse of my professional expertise with solutions for all their problems. This position as expert and authority soon became a hot seat. Parents asked questions I could not answer or reported back that my fix did not work. Eventually I got off the hot spot by giving up my role as "the parenting expert."

I now see myself not as the authority but as a person *with* authority in regard to the functioning of the group; not as a person responsible for the parent's learning but as a facilitator and supporter of learning; not as "the expert" but as one resource person with areas of expertise.

◆

Effective parent educators perform two key functions in parenting groups. The first is to create the conditions that promote learning. Although parents, as adult learners, are largely self-motivated and self-directed, the environment is critical. This means providing

- a comfortable atmosphere and ground rules for safety and trust
- structured learning activities
- tools or procedures to identify goals and solve problems

The second function is leadership—leadership that is collaborative, sees the learning process as a joint venture, and gives parents an active, responsible role.

Elizabeth Jones's book, *Teaching Adults*, describes a model that is helpful to parent educators. In this model, power is exercised *on* the students when they are given no choice; the learning is teacher-controlled and directed. Power exercised *for* the student means the student's growth is facilitated and the learning experiences are designed to increase the student's self-esteem and confidence. When power is exercised *with* the student, the teacher and student learn together. The difference between power for or with is control. When power is used for the student, the teacher is intentionally controlling the learning—guiding, structuring, and supporting the student toward a goal. When power is used with the student, the student and teacher are both creating and learning together.

Using this model, a parent educator's leadership is expressed in working for the parents by creating an encouraging environment, and working with the parents by sharing ownership and responsibility for the learning situation to design the class—its curriculum and group dynamics.

The process begins with the first session when parents are asked, "What do you want to have happen here? This is your class." This is a way of saying parents' interests and concerns are important and parents are responsible for their own learning.

By incorporating parent agendas when structuring and focusing the class, the parent educator can create a flexible, responsive curriculum. Bragging or sharing times that encourage parents to tell about a success, a child's emerging skills, or problem resolution, are often a springboard for discussion and provide opportunities to give parents information at their most teachable moments. Other ways instructors can lead in a collaborative way are by

- making decisions through group consensus
- allowing parents to assume responsibility for the classroom, its set-up, and equipment
- encouraging parents to learn from each other
- providing information, resources, and choices rather than solutions
- letting parents make discoveries for themselves

Discovery methods of instruction give parents information and choices without telling them answers. Effective parent educators trust parents to make the right choices for themselves and their families and to learn what it is they need in order to grow as a parent. This kind of instruction respects individuality and diversity of lifestyles and values.

Instead of providing a solution when a parent concern is expressed, the leader may choose to pass the question back to the group with the comment, "Have any of you felt this way or had this happen to you?" The discussion that follows helps parents to recognize that they do know about parenting, that their experiences are shared by others, and that they can learn from one another. Simply providing a solution may miss the opportunity to empower parents and develop mutual support.

◆

Group dynamics play an important role in parent learning. To be effective, the group must be a comfortable, safe place to accept new ideas and try new behaviors. A facilitator can encourage parents to know and support each other by

- helping them to learn each other's names
- connecting parents with common interests
- encouraging social activities such as potlucks or mom's night out
- giving parents time to talk with each other
- helping new or less popular parents be accepted by the group

◆

Modeling respect and acceptance is another way parent educators create conditions of safety and trust. This happens when instructors

- take time to really listen
- let parents know their input is valued
- reinforce risk taking
- see failures as opportunities for learning
- emphasize the similarities within the group
- encourage group norms to be tolerant of diversity
- support and respect different lifestyles
- make a special commitment to draw out and support a timid or fearful parent

Understanding that how they teach is as important as what they teach, facilitators will lead in ways that promote a sense of sharing and community. By using a collaborative leadership style, effective parent educators help parents overcome isolation and gain competence and confidence in their ability to solve their own problems.

Christie Connard trains and supports parent educators in her position as the Educational Coordinator for Parent/Child Instructors in the Family Resource Department at Linn Benton Community College in Albany, Oregon. The department has provided community-based parent education and family support to 2,500 families annually since 1973. Based on fifteen years of experience working with families, Christie has written The Parent Education Instructor Handbook *(for teachers of cooperative parent/child classes),* Educating Parents: Instructor Handbook, *and co-authored* The Parent Educator Coordinator's Manual. *She is a member of the Family Resource Coalition.*

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Church-Based Family Programming

by Karen Davis-Brown

To many, church is a building and an hour in which to remove oneself from the world in private communication with God. To others, church is a group of people who share a mutual but often exclusive commitment to one another. However, neither individuals nor congregations exist in a vacuum. Each church member is part of a worldly family, and each congregation is located in a neighborhood and community where families work, play, and struggle. Whether rural, urban, or suburban, local religious congregations possess a structure uniquely suited to supporting and strengthening families.

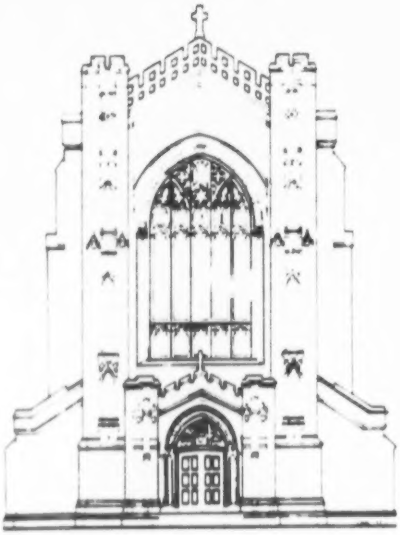
Designing effective church-based family programs requires broadening the common definitions of both "family" and "program." Many social issues in which religious institutions have been involved historically—hunger, peace, refugee resettlement, substance abuse—certainly concern families, but it is mothers and daughters, fathers and sons who suffer from unemployment, war, dislocation, and alcoholism. The local, relational dimension should be a primary element in their solution. The pregnant teenager, the gay or lesbian, the elderly widower, the noncustodial father—are only a few examples of those who may not fit our common stereotype, but for whom family issues are central.

Church-based programs can be fashioned to fit the needs of specifically targeted populations within the congregation or in the larger community—by age, socioeconomic status, family structure, or geographic area. The range of program possibilities is limitless, and might include a monthly intergenerational potluck supper and movie; providing volunteers to do nutritional counseling for Public Aid recipients; a weekly parenting class; family counseling; support groups; personal advocacy; and organizing to influence community well-being and policy.

The Planning Process

A congregation's decision to reach out to families is usually sparked by a growing awareness of a pattern of need—single parents sharing support and advice at a coffee hour, neighborhood children hanging out on the street corner, or a stream of unemployed parents coming into the church office seeking food. A more formal survey can bring less visible problems to light, such as the need for day care or for landlord-tenant mediation, that could be addressed with congregational leadership and resources.

After target populations and their program needs have been identified, the next step is to determine what resources are required for program implementation, and where those resources are available. For example, an after-school program for latchkey children would require space, personnel, equipment, food for a daily snack, and clerical support.



The most logical space for such a program would be in the church itself or a nearby school or community building. Personnel could be church volunteers or staff, a willing teacher, senior citizens, or students from a local college. Toys and games could be contributed by the church or school, or sought from local civic organizations such as Junior League, Kiwanis, or the Fraternal Order of Police. A table and chairs in a quiet corner could provide study space. Snacks could be solicited from a local supermarket or bakery. The minimal clerical needs could be contributed either by the church or the school in which the program is located.

Resource availability influences how a program is structured and administered. If church space and volunteers are used, congregational involvement will be much different than if the local school were to provide space and a local seniors group become the personnel. The church's role becomes primarily administrative, coordinating all the elements that are crucial to a program's success. Such a program also needs someone to make sure that: sufficient staff are recruited, trained, supported, and evaluated; parents hear about and are accurately informed of the program structure and purpose; needed contributions are sought and acknowledged; and media coverage of the program is adequate to develop community awareness and support.

Congregational involvement is crucial to program development as early as possible in the planning process, and their ownership of the programs is vital to continuing support and success. The first step is to enlist the support of the rabbi or minister. He or she may refer to a staffperson who is responsible for programming; the social concerns, education, or programming committee, or to a men's or women's service group. The program may then need discussion and approval by the congregational administrative ruling body before resources can be allocated and decisions made on the program's final form.

Two important partners in church-based family outreach are higher denominational levels and local secular agencies. Higher judicatories are excellent sources for technical assistance, networking, publicity, and funding. For instance, the Episcopal Church has print and people resources, publications, and program budget items at diocesan, provincial, and national levels, as well as three funds that make grants to congregations involved in outreach. The minister, program staff, or church library has information on these resources for each denomination.

Secular community agencies can also help with technical assistance and networking by providing literature, speakers, fundraising and public relations expertise, mailing lists, publicity, and referrals. In turn, the church can provide space for programs and outreach work, volunteers, mailing lists, referrals, and publicity. Neighborhood schools and other religious organizations can also be approached for the same type of cooperation, and are valuable partners in neighborhood outreach.

Traditional religious values radically counter the presumptions of 1980s American society, providing families with a necessary antidote for surrounding intolerance, rejection, selfishness, and greed. When embodied in action as well as words, the broad understanding of family and neighbor, the unconditional valuing of persons as beings rather than performers, the priority of relationships over possessions, the commitment to reaching out to those materially or emotionally in need, can make a church or synagogue a strong pro-family force in its neighborhood and community.

Karen Davis-Brown is Education Coordinator for the Episcopal Chapel of St. John the Divine, Champaign, Illinois, and has worked for the last eleven years in a variety of positions involving church-based family ministry and outreach. She is a member of the Family Resource Coalition.

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The Changing American Family:

Findings from a National Survey

by Mary Utne O'Brien

This is the first in an occasional series of reports on findings from large-scale, government-funded probability sample survey studies on issues of concern to those who serve and study families.

The National Survey of Families and Households (NSFH) was conducted in 1987-88 to provide information never available before on the characteristics of the American family, how the American family has changed over time, and the effects of one's childhood family structure on future elements of family life. Findings from the study show that the Average American Family—mom, dad, and a few kids—is not as "average" as it used to be. People marry later, live together more often without getting married, and delay having children. More women, especially those with young children, are working. Divorce is more common, and there are many more single-parent and stepfamilies.

The study was funded by a $4.5 million grant from the National Institute for Child Health and Human Development to scholars Larry Bumpass and James Sweet at the University of Wisconsin. Over 500 interviewers were sent to more than 13,000 households to conduct interviews lasting an average of one hour and forty minutes. The main survey sample consisted of 9,643 persons aged 19 or over. In addition, certain population subgroups were oversampled in order to assure sufficient numbers for special study and reliable findings: cohabiting couples were oversampled, as were single-parent families, stepfamilies, recently married couples, blacks, Chicanos, and Puerto Ricans. The size and manner in which the samples were selected assure that the NSFH's findings are highly accurate for the general U.S. population.

Marriage and Cohabitation

The study was designed to provide information on many aspects of family life; however, particular attention was devoted to cohabitation and the relationships between cohabitation and marriage. Patterns of cohabitation are especially important because they show how difficult it is for scholars and policymakers to get a firm handle on the shifting patterns of family life in America. Rates of divorce and marriage no longer tell the whole story about when families are formed and when they are dissolved. The study found that almost half of all Americans in their 30s have lived with someone of the opposite sex outside of marriage. Cohabitation has not simply become increasingly common; if recent trends continue, it will soon be the majority experience.

Cohabitation has increased at the same time that marriage rates have been declining. Thus, the picture that we get from marriage trends of fewer and fewer shared households is not fully correct. Cohabiting living arrangements do not last long (on average, 1.3 years), and more end in marriage (60 percent) than in separation (30 percent).

> *"The study found that almost half of all Americans in their 30s have lived with someone of the opposite sex outside of marriage."*

How stable are these cohabiting unions? Not very. Unions begun by cohabitation are almost twice as likely to dissolve within 10 years compared to all first marriages—57 compared to 30 percent. Perhaps more surprising, marriages preceded by a living-together arrangement are less likely to last than those not preceded by cohabitation: the proportion of couples who separate or divorce within ten years is a third higher among those who lived together before marriage than among those who did not (36 versus 27 percent).

Is cohabitation more likely in some groups than in others? Contrary to a common view of cohabitation as college student behavior, the highest rates of cohabitation are found among the least educated. Unmarried persons who have completed college are 64 percent less likely to cohabit than those who did not complete high school. Cohabitation is also more likely among those whose families received welfare while they were growing up, and those who did not grow up in an intact family.

An even more recent survey on the family found that the NSFH findings—that traditional family boundary markers (marriage, divorce) do not tell the whole story about families—has affected people's perceptions as well. This 1989 poll, commissioned by the Massachusetts Mutual Life Insurance Company, found that Americans tend not to see the family in structural terms, as bound by marriage, blood or adoption, but in emotional terms, as a group of people who love and care for one another. The survey found that one in ten Americans included their friends when listing close family members; conversely, half of those who had stepchildren did not consider the stepchildren as family members.

Cohabitation and Children

If it will soon be the case that the majority of Americans will have had a cohabiting experience at some point in their lives, what has this meant for their children? With what frequency are children born into these unions? What is the incidence of children growing up in such households? Data from the NSFH shed light on these issues as well.

We tend to think of cohabitation as involving a couple without children. In fact, children are present in a substantial portion of cohabiting households. In the NSFH data, 41 percent of the cohabiting couples have children present, and 15 percent of the couples have had a birth since they began living together.

One-fifth of all births in the years 1970-1984 were to unmarried mothers. A substantial proportion of these births outside of marriage, however, are children born into two-parent families. The NSFH data reveal that about one-third of all single mothers live with the father of their child or children; these children are thus in *unmarried*, but *not single-parent* families. This fact is easily lost in the oft-cited statistics about children raised by single mothers: the prevailing imagery for many of us is no father in the household.

> *"Cohabitation has not simply become increasingly common; if recent trends continue, it will soon be the majority experience."*

The implications of this are not straightforward, however, because of the instability of cohabitational relationships. Many of these two-parent, unmarried family relationships will result in marriages; and many will break up—before as well as after marriage. During the 1970s, in about two-thirds of the cohabitations in which the children were born, the mother married her cohabiting partner. Yet, having a child does not seem to impel couples toward marriage: the proportion marrying after the birth of a child is only slightly higher than for all cohabiting couples, and one-third of the people who have a child do not marry each other.

Further, marriage does not guarantee a two-parent family throughout childhood.

The risk of marital disruption is high even for children in marriage, and, as described earlier, marital disruption rates are much higher among couples who live together before marriage than among those who do not. About 56 percent of the children of cohabiting couples who marry will experience the disruption of their parents' marriage, versus about 31 percent of the children born to married parents. When this is combined with the one-third whose cohabiting parents break up without marrying, it suggests that about three-quarters of the children of cohabiting couples will spend some time in a single-parent family. So, while cohabitation clearly adds years to the two-parent experience of such children, relatively few reach age 16 in an intact family.

> ***“ The NSFH data reveal that about one-third of all single mothers live with the father of their child or children; those children are thus in* unmarried, *but* not single-parent *families. ”***

Another report out of the NSPH data examines relationships between fathers and children who live apart. The effects on children of recent policy reforms, particularly in the area of child support and custody, cannot be assessed without a better understanding of fathers' relationships with their children after separation.

Judith Seltzer's analysis of the NSFH data revealed that most children have little contact with their fathers after separation. Nearly 30 percent of children whose parents were separated did not see their fathers at all during the past year, and almost 60 percent saw their fathers several times or less during the year. Only a quarter saw their fathers at least weekly. Fathers who had been married to their children's mother were more likely to remain involved with the children after separation. About 40 percent of the previously not married vs. 20 percent of the previously married, failed to see their children at all in the past year.

After separation, fathers have little influence in childrearing decisions. Over a third of separated parents did not discuss their children at all during the previous year; just over a fifth discussed them weekly. There are few race differences in fathers' participation in childrearing. Blacks discuss their children a little more frequently and have slightly more major influence than whites, but this is because black fathers are more likely to live close to their children (within 10 miles) than are white fathers. It would seem that for children born outside of marriage or for those whose parents divorce, the father role is defined as much by omission as commission.

The Other End of the Family Spectrum: Parents and Their Adult Children

The NSFH also collected data that provide a picture of another aspect of family life in America: parents who live with their adult children. What is the frequency of such arrangements? Why do they occur? Are children caring for aged and infirm parents? Are parents caring for children in "prolonged adolescence?"

A nationally representative sample of parents shows that parents living with adult children is far from a rare phenomenon. Further, this fact of contemporary family life is *not* the result of an increase in parents' dependency on their children. The overwhelming majority of parents at all ages maintain their own households, and nearly all parents and adult children who live together do so in the parents' household. The NSFH found that nearly 96 percent of parents with adult children lived in their own household, and fewer than two percent lived in a child's household. This rate varied little for parents of different ages: over 95 percent of elderly parents (age 65 and older) were householders, although they were most likely of all parents to live in an adult child's home (4.4 percent). The trend toward parents maintaining their own households has increased over time, not decreased: for example, in 1900, 75 percent of men over 65 were householders; by 1981, the proportion had increased to about 91 percent.

Adult children are remaining longer in their parents' households, and are more likely to return after leaving than ever before. For example, from 1970 to 1983, the number of 20 to 24-year-olds living with parents increased 42 percent, while the number of 25 to 29-year-olds increased 24 percent. In 1984, 37 percent of all 18 to 29-year-olds lived in their parents' household, representing over 18 million people nationally.

The study provides no evidence to suggest that children stay at home in order to care for their parents. There was no association between parental income and health and the likelihood of parent-child co-residence. In fact, parents who had lost their spouses due to death or marital break-up were *less* likely to have an adult child living with them than the currently married parents, suggesting that the shared living arrangements meet the needs of children more so than of parents.

The small proportion of parents who do move into their children's household, however, are more likely than parents who keep their own homes to have low incomes, low educational levels, and to be unmarried. Parental vulnerability, then, appears to influence the chances of parents moving to a child's household, but not the chances of an adult child living with his or her parents.

The NSFH analysts found that certain characteristics of families make it more likely that adult children will be found living with their parents. For younger parents, for example, the more adult children they have, the *less* likely they are to have children living at home. Total number of children is unrelated to co-residence for older parents.

Parents' own marital dissolution is also associated with a reduced likelihood of having an adult child in the home. Even when parents remarry, this relationship holds. Again, co-residence appears most likely to occur when the parental household remains congenial to the adult child—that is, when the family composition is unchanged through separation or remarriage and when family size is small.

Conclusion

The National Survey of Families and Households will continue to yield rich information about the American family. Bumpass, Sweet, and their colleagues pursuing analysis of the NSFH data, recently released information on relationships between children and their non-custodial parents, and about violence in married households. Many more reports are expected.

It is the hope of these researchers that information from the NSFH will lead to effective public policies. The stereotypical American family—a father and a mother who have children, and stay together while the children grow up—is experienced by less than half the families in the United States. Social policy based on that stereotype doesn't apply to the majority of the people in this country, and the findings from the NSFH can at a minimum assure that policies are based on better facts about current realities.

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Reports from the National Survey of Families and Households are available from the Center for Demography and Ecology at the University of Wisconsin/Madison, 4412 Social Science Building, Madison, WI 53706. Information on how to obtain the NSFH public use data tape can also be obtained by calling or writing the Demography Center.

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FRC REPORT
Design. JANE BROWN
Typography. SKRIPPS & ASSOCIATES
Printing. BOOKLET PUBLISHING CO., INC.

The ***FRC Report*** is published three times a year in the public interest by the Family Resource Coalition, a tax exempt, non-profit organization. Membership in the Coalition includes a subscription to the ***FRC Report***. Readers are encouraged to copy and share its content; we request you credit the Family Resource Coalition as the original source of information.

Founded by Family Focus

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Chicago, Illinois 60601

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Family Resource Coalition
Report

Volume 9, Number 1—1990 Building Support and Resources for the Family ISSN 1041-8660

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● *FOCUS* *FAMILIES OF ADOLESCENTS: DEALING WITH CHANGE*

ADOLESCENCE

■ by Gail C. Christopher

In my two years as executive director of the Family Resource Coalition, I have had the pleasure of seeing the Board of Directors vote to expand the mission statement to include "youth." It now reads:

> . . . to build support and resources within communities that strengthen and empower families, enhance the capacities of parents, and foster the optimal development of children and youth.

This issue of the *Report* reflects the depth and potential of FRC's expanded mission, and shows how lessons learned about early childhood prevention strategies offer insight for helping older children and their families.

Historically, the family support movement has built upon knowledge and information about the stages of normal child and human development and generated creative programs for meeting both family and community needs to optimize that development process. Family support programs seize opportunities presented during times of transition and rapid growth to provide critically needed support and resources. Through these programs, parents have learned to expand their capacities to nurture, socialize, communicate with, and educate their young children.

The writers who have contributed to this *Report* remind us that adolescence and its associated stages are windows, ideal for such programmatic intervention and prevention strategies. Irene Beck, a mental health educator and consultant to FRC, challenges us to use the latency period of development to reinforce strong family relationships as groundwork for the more complex teenage years.

Peter Scales of the Center for Early Adolescence, asks us to see beyond our images and perceptions of a generation "beset with major social problems." His article, "The Positive Possibilities of Young Adolescents," is an insightful overview that embraces our nation's youth with care and optimism.

Stephen Small at the University of Wisconsin-Madison has reviewed and analyzed preventive support programs for families with adolescents for the Carnegie Council on Adolescent Development. Highlights from his survey presented here, are a guide for planners and providers in developing and enriching programs.

Harold Howe II, of the Harvard Graduate School of Education, chaired the William T. Grant Foundation Commission on Work, Family, and Citizenship. In "Teenage America: Myths and Realities," he describes how young people are making the transition from school to adult roles and how national resources, practices, and policies can enhance that process.

As the national voice for the family support movement, the Family Resource Coalition is privileged to house and disseminate a clearinghouse of information about effective program strategies. This *Report* wraps these program examples in the comfort of new ideas and data on the vital connection between teenage youth and their families. Parents are clearly as central to the emotional health of the adolescent as they were in the early childhood years.

Communities and families of adolescents have the opportunity to provide relationships that nurture, support, and promote positive self-concepts for young people—not in the same way as in early childhood, but with the same value. If young children are our nation's future, then surely today's youth are the dawn of that future. Their needs must be addressed in the light of what we know about relationships, effective programs, and viable communities. This is particularly true of our at-risk young people whose needs are so acute.

Today's youth, together with their families, command our focused, constructive attention. This *Report* reveals how practitioners, researchers, and young people themselves are inviting us to provide needed leadership and direction. ☐

by Peter Scales

The Positive Possibilities of Young Adolescents

In the United States during the last decade of the 20th century, we as a people have not spent much time in reflection. We get our information in swiftly cascading sound-bites and images, consuming the world's data like so much MTV. A *New York Times* article in December 1989, comparing the election of 1960 with 1988, reported that even the television news coverage of actual candidate talk had decreased from about 40 seconds per time to less than 10 seconds. Images substitute for understanding.

No less profound than how our gender or racial beliefs are affected, what we think about people in various life stages is also a product of this elevation of images over understanding. Early adolescence, that period from 10- to-15 years of age, is a prime example of this.

We have inherited a cultural understanding of young adolescents as being in a period of storm and stress, a transitional state or phase that, with a little bit of luck and benign neglect they'll "grow out of," a time of wholesale rebellion against authority and rejection of parents, an egocentric and indulgent period marked by preoccupation with sex and drugs. That's what we "know" about young adolescents.

Every one of those beliefs is wrong.

Perhaps the most frightening image is one you can see on television, a close-up of a sad or angry-looking kid with a deeply timbred voice-over telling us that adolescence can be a difficult time, and authoritatively assuring us that if our son or daughter needs help, this nifty residential hospital program will do the trick. The U.S. House Select Committee on Children, Youth, and Families reports that placing of adolescents in residential psychiatric hospitals is the fastest growing sector of the for-profit mental health care business.[1] Though some young people are in need of hospitalization, inappropriate treatment should concern professionals.

At a less egregious but still misleading level, the academic and popular press alike are filled with reports and recommendations about America's "at-risk" youth, telling us that at least half of the 28 million 10- to 17-year-olds in the U.S. are at moderate to high risk of failing at school, abusing drugs, becoming a delinquent, or becoming an adolescent parent.[2] It is not an exaggeration to suggest that reading or hearing about even a small proportion of these portrayals can induce a deep despair over the future prospects of our youth and our nation.

These negative images of a generation beset with major social problems also result in our viewing young people in a splintered and fragmented way, as a collection of discrete problems, to be responded to by an equally fragmented system of education, health, and social services. While some voices lately are insisting that genuine prevention requires looking at young people holistically and arranging support systems comprehensively, inertia remains a powerful force. In conversation with an official of an important children's advisory body recently, I was told that they had had little luck receiving funding for a generic and comprehensive prevention model and so were forced to retreat to a focus on preventing adolescent pregnancy, alcohol and other drug abuse, dropout, and whatever issue was dominating the prevention headlines. Even our funding patterns encourage us to view young adolescents in a fragmented way.

A Developmental Understanding of Positive Possibilities

The other image in this gestalt of early adolescence—the one we don't as readily see—is a picture of positive possibilities, of young adolescents as a source of hope rather than despair. In this picture, 80 percent of 15-year-olds have not had intercourse, 80 percent of young people under 17 do not have a drinking problem, and 80 percent are not regular smokers, among other facts.[3] This picture is there, but we only perceive it faintly—like the good news and decent acts of humanity that occur daily in our lives but which we tend to assume are rare. We almost take them for granted, even as we bemoan their supposed scarcity.

There are a few key physical, social, cognitive, and emotional issues of early adolescence that can help provide this deeper developmental understanding of positive possibilities. As much as possible, we need to examine these as intertwined correlates, for the most part inseparable from each other.

Physically, of course, the ages of 10–15 are a period of spurting, accelerated development. If all young people developed on equal schedules, this would be less problematic, but in any group of young adolescents of similar chronological age, there is enormous real variability in growth rates. The Search Institute in Minneapolis reported in the early 1980s that nearly four in ten 6th-grade boys and nearly six in ten 6th-grade girls worried a lot about their looks, with the figure rising to 50 percent and 66 percent by grade nine.[4] No wonder. If infancy has its "terrible twos" then early adolescence has its "terrible toos" —too much, too little, too slow, too fast.

Physical changes are related to perceptions of self, and it seems, in different ways for boys and girls. "Early maturing" boys tend to be happy with that status, scoring high on self-esteem measures, while "early maturing" girls tend to be less happy, scoring lower on self-esteem.[5]

Preoccupation with self in this age group was best described in the 1970s by psychologist David Elkind.[6] He portrayed young adolescents as acutely aware of a constant "imaginary audience" doggedly observing their every move, magnifying pimples into mountains and turning braces into cages. Young people played out this stage of life surrounded by this imaginary, always critical audience, but stayed the star of their own "personal fable," the story of their life as told from a single, if not simple, perspective.

Despite some changes, Elkind's framework still accurately describes a self-consciousness that is pronounced among 10- to 15-year-olds. The desire to do away with the "terrible toos" and fade into group conformity and peer acceptance emerges strongly in this period. There have always been those who want to leaven their peer acceptance with a little more personal style or statement (the first males to wear their hair long in the 1960s, or to wear an earring in the 1980s), and always a portion whose personal "style" choices veered dangerously off into the risky terrain of early sexual experiences, drugs, and delinquency. But even these choices are made in the context of trying to establish acceptance in a subgroup of some kind.

The young person moves through the period of early adolescence, establishing a group identity that serves as a cocoon in which the self-perceived caterpillar can miraculously metamorphose into the self-perceived butterfly with a personal identity. Unlike the butterfly's path, however, the process is neither as smooth nor as predictable. When one stars in a personal fable, with esteem depending so much on what others think, the usual ups and downs of daily life in which good days share the stage with bad and in which excitement alternates with periods of boredom, can seem as jarring to vulnerable feelings of self-worth as would a parent who crazes their child by alternately hugging and hitting.

The child who always asked for mom's permission or dad's approval suddenly demands privacy and respect instead. He or she may no longer want to go to church, visit relatives, have the same bathing or dressing habits, or the desire to tell parents what went on at school or where they plan to go with their friends. "Can Sally come out and play?" turns into "We're going out"; "Where, honey?" "Around." And "around" is the place parents fear most.

Of course, like their early adolescent children who often think concretely in terms of today, many parents of young adolescents slip into those patterns too, and overreact, jumping to conclusions when their kids are just floating trial balloons, experimenting, or, in truth, just having some fun seeing their parents react on schedule. It is a period in which parents watch helplessly as control over children turns into only the possibility of having influence with them, or of becoming estranged from their children if they handle it poorly.

It is an unanswered question as to who is having the harder time in early adolescence—young persons trying to develop their own identity or parents trying to accept that change and still hang onto their children. At bottom, however, it is parents who must adapt. Children's values must be tested in real life if they are to become personal and precious and serve as guiding principles. Borrowing other people's values without testing them is like borrowing someone else's ill-fitting suit. For better or worse, when parents allow their young adolescents to make decisions and choices, and don't always impose them (imposing sometimes is ok, always isn't), then they promote the development of strong values that parents want to occur.

A large contributor to the changeability of mood in this period is cognitive development. The predominance of concrete thinking, an egocentric perspective, a focus on "right now" and on fairly rigid standards of right and wrong gives way to more abstract thinking—the ability to consider possibilities and not just realities, to see things from another person's point of view, to allow perceived consequences of behavior to temper the desire for immediate gratification of wants, to consider exceptions to the rules. They are exposed to moral questions too, and may go back and forth between applying a standard of justice (what's "right") or a standard of caring (what's "fair").[7]

The psychologist Erik Erikson believed that people have to resolve particular psychosocial crises at each life stage in order to move on developmentally.[8] From late childhood through young adulthood (a period he thought stretched into a person's 20s), he believed that a person needed to achieve competence at something, a personal identity, and the ability to engage in the give and receipt of intimacy. Like the tremendous physical variability in any group of young adolescents at the same chronological age, the psychosocial range is also extraordinarily broad, such that all these psychosocial tasks characterize many 10- to 15-year-olds. The self-questions these tasks represent are: Am I capable? Am I normal? and Am I lovable? The more young adolescents can be helped to answer those questions "yes," the smoother that period will be.

A Balanced Picture of Young Adolescents

The foregoing picture is overly broad, helpful only in imparting some sense of common occurrences in the lives of young adolescents but giving no sense of proportion, intensity, duration, or the plethora of filtering mechanisms—both positive and negative—which help determine whether a particular adolescent's passage is a relatively tumultuous or tranquil one. Like a Seurat painting seen from a distance, we can see only the large pattern, not the countless small points of color that create the illusion of the whole.

And that is the problem with our understanding of early adolescence. The broad-brush portrait of the whole age group tends to be the limit of our vision. We ascribe characteristics to the whole that may be traits of the few. For example, thinking "storm and stress" is peculiar to this age group is one mistake. Psychologist Daniel Offer has shown instead that adolescence is no more pathological than any other age group.[9] Overall, about 80 percent of adolescents tend to have relatively problem-free passages. They experience the physical, social, cognitive, and emotional challenges already described, but meet them in relative peace. Most—about 40 percent of the 80 percent—go through a period of fits and starts, with changeability paramount, and the rest are evenly divided between those who experience serene and those who experience more stormy—but not pathological—development.

When all is said and done, according to a 1987 Harris poll, it may be adults who have the greatest storm and stress: nearly nine in ten report "high" stress on a regular basis, and nearly half of all adults said they had "great" stress once or twice a week![10] A 1985 study reported in the *Journal of School Health* also gives adults reason to pause and not assume we know what is stressful for all young people.[11] We would probably have predicted that 7th graders would find breaking up with a boy or girlfriend to be stressful; how many of us would have guessed, however, that getting a bad haircut would be thought just as stressful an event?

Overconcentration on pieces of early adolescent development is another mistake. One example was pointed out by attendees of the 1988 National Invitational Conference on the Health Futures of Adolescents.[12] Research on adolescence, those panelists said, has been preoccupied with separation and independence. Popular culture follows in depicting the period as one of rejection of parents, whereas rejection is really temporary and on a superficial level for most. The great majority of adolescents give their parents grades of B or better (not bad!) and say they agree with many of their parents' values on sex, politics, and religion.[13] Consider this: for both white and African-American adolescents, according to the National High School and Beyond Study of 1982-1986, young people's sense of their parents' caring for them had the highest correlation of any factors with whether those adolescents avoided childbearing in their adolescent years.[14]

The National Health Conference attendees also stated that we have tended to overlook the importance of attachment and how interpersonal relationships are transformed during adolescence. For example, early adolescence begins the tasks, not of separating from parents so much as differentiating and distancing from parents enough to establish a personal identity.

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by Stephen Small

Developing Support Programs for Families with Adolescents

- What does it take to be an effective parent of a teenager today?
- What types of programs currently exist to help parents of teens?
- How can programs better support and strengthen families with adolescents?

These are some of the questions I was asked to address by the Carnegie Council on Adolescent Development when they recently commissioned me to conduct a review of preventive programs for families with adolescents. In this article I would like to share with you some of the highlights from that review.

What Does It Take to Be an Effective Parent of a Teenager Today?

Based on current theory and research, a number of interrelated parental functions appear to be important for the socialization, development, and well-being of adolescents. These include providing basic resources, protecting children, guiding children's physical and psycho-social development, and advocating with the wider community on behalf of children (Alvy, 1987).

The first parental function— providing basic needs—includes acquiring an array of resources to meet the necessities of survival. A parent's ability to provide these resources is closely related to his or her occupation, education, and income. Parents who have fewer resources may be hindered in their ability to carry out some of their other parental responsibilities.

The protective function refers to the fact that it is parents who are usually responsible for guarding the physical, psychological, spiritual, and cultural integrity of their children from threats of the natural and social environments. This function of parents during adolescence is generally met through parental monitoring and the teaching of self-protection skills.

The guidance function involves all aspects of the child's development. Parents usually carry out this function by sharing information and setting limits, providing reinforcements and sanctions, communicating, and modeling the behaviors and values that are important to them.

The advocacy function refers to the parents' role as advocate and supporter of their children and as a coordinator and link to experts, individuals, groups, and institutions who help them raise their children.

All parental functions and competencies are not of equal importance. It is likely that these functions follow a hierarchical sequence. The meeting of basic needs probably precedes the protective function, which precedes the guidance and advocacy functions. Their degree of importance is likely to vary depending on the youth's particular needs and the family's specific life circumstances. Parents preoccupied with basic survival needs may have less time and energy to devote to other parental functions such as providing their child with appropriate limits or adequate support.

Parents are more likely to be successful in carrying out these parental functions if they have adequate support and are experiencing minimal stress. Belsky (1984) has identified three classes of factors that can support or undermine an individual's ability to be an effective parent: (1) the parent's personal and psychological resources, (2) the characteristics of the child, and (3) contextual sources of stress and support.

From this framework several implications can be drawn. First, preventive programs for families of adolescents should be directed at supporting or promoting these four parenting functions. Second, these programs should not only provide education on the competencies related to effective parenting, but should also focus on providing the resources that can enhance an individual's ability to perform these competencies. Finally, programs should be concerned with the reduction or removal of stressors and conditions that can undermine the functions of parents.

What Types of Programs Currently Exist to Help Parents?

Forty-one programs designed to support families with adolescents were identified through a nationwide search. For programs to be considered, they had to at minimum serve parents or guardians of adolescents or preadolescents. They could, but did not need to, also involve adolescents. This search was considered to be a first pass at what exists rather than an exhaustive and systematic compilation. A majority of the programs identified were based on curricula developed and made available to local groups or organizations. Programs were grouped into one of five categories according to their primary, self-defined goal: general parenting, sexuality, drug and alcohol prevention, achievement, and multi-service family resource centers.

No programs were found that addressed the basic resource provision function of parents. Drug prevention programs were more likely than other types of programs to emphasize the protective function of parents by teaching them to detect alcohol and drug use, and how to help children resist the pressures to use such substances. These programs also attempted to develop parent networks that serve both as parent support systems and as ways to monitor teen behavior.

Nearly every program, regardless of its goals, addressed competencies that serve the parental guidance function. The general parenting programs most commonly addressed communication, family decision-making skills, conveying parental support or warmth, and disciplining children. In most drug and alcohol prevention programs, enforcing rules and limits and improving parent-child communication were the competencies most often emphasized. Sexuality programs usually included a smaller range of guidance competencies; the most frequent ones were communication, sharing values, and decision making.

Only a few programs, primarily those concerned with achievement or drug and alcohol prevention, addressed the advocacy function. The most common method was to help parents become more knowledgeable about the availability and use of community resources.

In general, the review found that few programs took into account or addressed the diverse needs and learning styles of non-white, middle class audiences or non-traditional family structures. Programs generally ignored the fact that families might have an ethnic or cultural heritage which could influence family arrangements, values, and child-rearing practices. Limited emphasis was placed on the unique issues and challenges faced by single or stepparent families. In general, programs assumed that participants were fairly well educated, had the ability to read and articulate their thoughts and feelings, and could learn and apply fairly abstract principles about human relationships and children.

Only a handful of programs were identified that addressed the personal or developmental needs of adults who are raising adolescent children. Although many of the general parenting programs informally provide parents with opportunities to receive social support from other parents, few programs formally build in such opportunities.

A majority of the programs reviewed were relatively short-term and didactic with a greater emphasis on parent education than on family support. Most of the programs appeared to be curricula-based, designed to be taught in a class-like setting. This approach appears to be quite different from preventive programs aimed at parents of young children where the trend has been toward less formal parent education, more opportunities for families to receive support, and programs that are more comprehensive and of longer duration.

Sound evaluation data on program effectiveness tended to be scarce. Many programs had not conducted an evaluation of any type and only a few had conducted formal, summative evaluations of program impacts and effectiveness.

How Can Programs Better Support and Strengthen Families with Teenagers?

Based on my review of programs for families with adolescents, I have developed a framework for enriching programs in this area. These suggested guidelines are based on current programming gaps and the needs of adolescents and their parents.

- Programs need to be more sensitive to the varying abilities and concerns of their participants and to reach out to a wider variety of audiences. There is a need for programs to involve less educated and less affluent audiences, especially those at greatest risk for many of the problems programs purport to prevent. In addition, program implementers should attempt to accommodate to variations in participants' educational backgrounds, ethnic and cultural heritage, and learning styles as they develop, market, and deliver their programs.
- Programs should be strategically planned, providing appropriate information, services, and resources at the most optimal time periods. For example, programs that focus on the acquisition and practice of general guidance, communication, conflict resolution, and discipline skills are probably most effective if begun when children are young. This helps develop a foundation for good parent-child relations when children enter adolescence. Issues that are primarily relevant to the adolescent years such as drug use, sexuality, and the developmental changes of both teenagers and parents, are probably best addressed in the preadolescent period (approximately ages 9 to 12). Finally, parents whose children are currently teenagers would probably benefit most from programs that offer opportunities for developing supportive ties with other parents who are experiencing similar challenges, provide parents with information to help them assess the severity of the problems they are experiencing, and offer referral suggestions if they are in need of more personalized help. In addition, such programs might also provide some opportunities to learn and practice communication, conflict resolution, discipline, and decision-making strategies that are developmentally appropriate.
- Because it is difficult for parents to attend to the needs of their children when their own needs are not being met, general parenting programs should cover the developmental changes of mid-life adults and the effects of these changes on relationships with adolescent children. They should also consider including information on the marital relationship and on personal coping, especially as it relates to the stressors and strains unique to parenting teenagers.
- It is recommended that a greater effort be made to provide opportunities where parents can obtain social support from each other. Program facilitators should be more planful about providing such opportunities for parents to share concerns, ideas, and experiences, and to maintain contact with one another after the formal program has ended.
- Programs need to do a better job of addressing the issues of families in changing structures and be more sensitive to the fact that adolescents grow up in a variety of household arrangements.
- There is a need for programs to do more to enhance parents' ability to advocate for their children by making parents aware that they have a right to advocate, and by teaching them the necessary skills and knowledge bases.
- Programs should enhance parents' ability to protect their children from the risks of contemporary society by facilitating the development of parental networks, for example, and teaching parents about mental and physical disorders that sometimes occur during adolescence.
- Programs need to consider whether the families they wish to reach are able to provide basic necessities for their children. Programs could provide referrals to social services and adapt their program delivery to better accommodate the needs of low-income families.
- The work status and arrangements of parents should be taken into account when scheduling and determining program delivery. Alternate methods need to be explored to meet the time pressures of working parents.
- It is important to recognize that optimal adolescent development is the result of a complex array of factors, spanning multiple levels of influence. Consequently, if we hope to reduce the risk factors associated with adolescent problem behavior and increase the developmental factors that can support optimal development, programs will need to recognize that parents are only a small part of a larger, more complicated set of influences.
- Closely related is the need to develop strategies that cut across organizational and agency boundaries to encourage comprehensive, community-wide efforts. Not only can such coordinated efforts serve to unite programs with common goals, but duplication of services can be eliminated.
- A number of general characteristics of effective prevention and family support programs have been identified in recent years. This literature suggests that programs need to have well-defined goals and objectives; plan program activities that are appropriately timed and closely tied to these goals; be sensitive to the unique strengths and characteristics of participants; include learning techniques that actively involve program participants; have a well-trained and highly skilled staff; increase efforts to cooperate and coordinate with other community organizations and programs; and sufficiently document program methods and procedures.

Barriers and Benefits

There are a number of obvious barriers to further program development for families with adolescents. First, the time commitment required by programs can be a major obstacle for the majority of today's parents who are working. A second obstacle is that parents often lack motivation to attend a program unless they are currently experiencing some difficulty or anticipate problems in the near future. A third obstacle is the dearth of data on what makes programs effective and for which audiences. Another barrier is the

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■ by Patricia Kramer

Communicating with your Children

The parent-child relationship is one of the most rewarding and pleasurable experiences that exists. It is also one of the most difficult and complex. Like any relationship, it is fraught with frustration, unrealistic expectations, and often just simple misunderstanding as a result of poor communication.

Relate is to relationship as parent is to child: You cannot have one without the other. The thorniest problem for parents and children today is that neither knows how to communicate effectively—with respect, dignity, or in such a way that both parties feel listened to and understood. Although families with adolescent and teenage children are particularly vulnerable in this area, many problems can be remedied by learning good communication skills.

We communicate in order to convey our thoughts, feelings, and ideas to another. We want someone else to understand our viewpoint, to listen to what we say, and to move toward resolution.

If a problem can't be resolved, then each at least deserves respect for how and what he/she believes. What parents usually want is for their children to do what they ask without too much confrontation. What children usually want is for their parents to simply listen to them.

Here are some "simple" guidelines that may help parents get their requests met more regularly:

- The way to build self-esteem in your child and enhance your relationship is to remember that he/she simply wants to be (1) listened to, (2) taken seriously, and (3) loved and accepted unconditionally.
- When praising your child, zero in on the effort, not necessarily the achievement. We often give too much credit for the end result without recognizing how difficult it is to get there.
- Don't judge your children. Respect their views and differences and allow them to express their own ideas and feelings. Respect individuality, independence, and privacy.
- Don't keep bringing up the past or allow it to affect the present. Using terms like always, never, or ever simply antagonize children. Saying "You're always late" or "You never do what you're told" only helps to reinforce negative behaviors that you're trying to change. It's called self-fulfilling prophecy. If children hear something often enough, they begin to believe it about themselves.
- Feelings are just that—feelings. They are not good or bad, right or wrong, so don't argue with your child when they tell you how they feel. Don't dismiss or discount their feelings as unimportant. Don't belittle, humiliate, or laugh at your child. When you broke up with that very special boy/girlfriend, you may remember hearing, "There are other fish in the sea," "It was only puppy love," "You'll get over it." At that moment, what you were feeling was very real. Try to remember that the same is true for your children.
- Listen, listen, listen. To be a good listener, you must want to hear what your children have to say and believe that what they say is important. Listen to their feelings, not just their words. Show with your body language, eye and physical contact that you are listening. Smile when it's appropriate, nod to show you are listening, ask questions that reflect your interest or help clarify a point to eliminate misunderstanding. Paraphrase, don't interpret, interrupt, or become distracted, etc. By actively listening, you increase your child's feelings of self-respect and self-worth.
- Be askable. Be open to discuss any subject that your child wants to talk about. If you want your children to make good, moral decisions, they must have enough information.
- Listen to your tone of voice: You only turn them off when you yell, whine, demand, or preach.
- Don't nag or keep repeating the same request. Saying the same things over and over again doesn't encourage your child to comply. Explain the request and why you feel it is important to you. Remind your child once—maybe twice. If there isn't a response, then take appropriate action. Be sure the discipline matches the actual behavior.
- Clarify your expectations. Children are not mind-readers; they cannot possibly know what's expected of them unless you make the message clear.
- When you criticize, point out the specific behavior you dislike. Don't be vague. Be sure your youngster understands that it is not she/he you dislike, but the behavior. For example: "I'm very upset because you didn't keep your word about calling when you couldn't be in by curfew" versus "I'm very angry with you." ("Tell me that you're disappointed with the unfinished chores you see, but calling me 'irresponsible' is no way to motivate me."—Marshall Rosenberg)*
- Every time you judge, close down, hold on too tight, or invade their space, you shut your children down further and further until they stop wanting to talk with you and eventually stop wanting even to be with you.
- Stay with the present and deal with only one issue at a time. If you throw in the kitchen sink every time you're angry, the result will be that your child won't hear anything you say. ("I can handle your telling me what I did or didn't do. And I can handle your interpretations, but please, don't mix the two."—Marshall Rosenberg)*
- When a child has a problem or gets into trouble, losing your temper or overreacting only makes him feel worse. Hear him out first; then show love and understanding rather than violence or anger. The appropriate discipline can follow later.
- Respect your child's opinion even though it probably will be different from yours most of the time. (Wasn't yours different from your parents?)
- Conduct family meetings at least once a week. This is an opportunity to clear the air, allowing everyone to voice complaints, hurts, and requests without fear of repercussion. These meetings can dispose of any ill feelings—rather than allowing them to be stored away waiting to pop up at any given time.
- Make listening a priority. Create a time to be alone. Put everything else aside. The message that your child will hear is, "I love you enough to listen to you."
- When a problem arises, first clarify your involvement in the incident or situation, decide whose problem it is, own the behavior, and then state your wishes and requests. For example: When you are unhappy about the way your child keeps her room, whose problem is it? (If it were your child's, she would keep the room clean.) If you customarily say something like "Your room looks like a pigsty. You should be ashamed of yourself. You can't possibly find anything in there. Don't you have any self-respect?" you may have noticed by now that your child does not run and clean the room and keep it like that forever after. Right? You probably use a version of these words rather routinely, too. The "you" statement assigns the problem to someone else and puts your child on the defensive. Remember it is not her problem, it's yours.

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THE HAZARDS OF AWARENESS: CHILDREN IN A GLOBAL WORLD

■ **by Phyllis LaFarge**

"When those people are hurting the animals and the forest do they know that they're hurting everyone in the world?"

These are the words of a fifth grader in a letter addressed to the Rainforest Alliance, a nonprofit group dedicated to the preservation of tropical rainforests. They suggest that the writer is aware, at least rudimentarily, of the way in which many problems today can be global in their implications and consequences. Most adults have only begun to develop such a global consciousness in the last decade in the wake of Chernobyl, the threat of global warming, international terrorism, the ozone hole over Antarctica, and the evolution of a world financial market.

What is it like for children to grow up with an awareness that they live in a world in which unrestrained technological prowess has created vulnerabilities on a global scale? We do not have a complete answer but some clues can be derived from what is understood of young people's responses to the threat of nuclear war.

Early in the 1980s, researchers found that by the time children were in elementary school, the majority knew about the destructive potential of nuclear weapons, whether or not teachers or parents had raised the subject with them: television and other aspects of popular culture, particularly comics, had informed them (Spiderman, one should recall, became Spiderman because he was bitten by a radioactive spider!).

Young people's awareness was shaped by their developmental level, and often early adolescents were the most concerned. More knowledgeable than younger children, they were less able than older adolescents to distance themselves from a gut sense of nuclear weapons' potential destructiveness through a more abstract, schematizing, "adult" way of thinking.

Although fear was the term usually used to characterize what children felt about the risk of nuclear war, a gamut of responses ranging from concern through anger to moments of outright despair would be a more accurate description. All these feelings—particularly that of helplessness—are natural reactions to an awareness of the risk of a contaminated world or a world full of dangers over which one has no control, such as acts of international terrorism like the Lockerbie disaster or random local violence. Helplessness can be exacerbated—and cynicism encouraged—among older adolescents, if not in young children, if they become aware of the government's reluctance to deal decisively with issues.

When risk has a long-term aspect—for instance, through the threat of climate change or the proliferation of toxic wastes, a reaction of helplessness is linked with a feeling of a contaminated future. These feelings are incompatible with hope, and hope is a developmental necessity for a young person. I believe that most young people handle this conflict by restricting their awareness of their own and the planet's vulnerability. They are inclined to live at two levels, rarely if ever allowing awareness to break through to fuller consciousness and emotional response.

For parents and teachers who wish to help young people face the vulnerabilities of the world they are growing into, and at the same time instill a sense of hope, here are a few suggestions:

- Bring information into the home and classroom. The newsletters of advocacy organizations such as the National Resources Defense Council are excellent in this regard.
- Watch television shows about public issues with young people and discuss the shows. Silence about complex and worrisome issues may be comforting to adults but it encourages young people to feel abandoned, to restrict awareness and, eventually to withdraw from the political process.
- Be open with your own concerns about the world's vulnerabilities. Doing so is likely to validate some of a teenager's feelings and may build a basis for shared action. But in voicing concern, avoid handwringing and self-indulgent gloom.
- Be sure that young people learn the "success stories" associated with public issues as well as the unfinished business.
- Encourage responsible roles for young people at home and school. Make it possible for them to play an active, participatory role in relation to what they are learning at school, or in relation to a family program of recycling, energy conservation, or letter writing.
- As parents, provide support to teachers for teaching about public issues. This support is often vital to teachers, who may fear subjects deemed to be controversial.

In many ways this is a healthy reaction since it favors a sense of moving forward in life and a sense of being in control. But it does not encourage eventual political engagement with important public issues, and it should be a concern to teachers, parents, and mental health professionals who are interested in the civic and political involvement of the next generation. It should also be a concern to those—there are many—who sense an underlying bleakness of attitude in young people.

Research concerning children and the nuclear issue suggests that for an individual not to live at two levels but to maintain some degree of on-going awareness of a public issue involving the specter of risk on a global scale requires a conviction that one can do something about it, even if only in a small way—that one can be active, not helpless. The fact that young people are likely to learn about the problems and vulnerabilities of the world from television does not necessarily encourage their involvement, perhaps quite the opposite. Television bypasses the adults in the child's life, and it is these adults who can show the path to engagement and furnish the social support that helps young people (and adults) maintain an ongoing and active concern for difficult issues.

Unfortunately, it is not easy for most adults to take up issues connected with global risks with young people: they are too aware of their own lack of expertise, they themselves must screen out consciousness in order to maintain a sense of control, and they may feel grief or guilt at the prospect of the world their children are inheriting. With respect to the nuclear arms issue, until the very recent thawing of the Cold War, the idea of opposing national security policy, even by implication, kept all but the most courageous silent, especially in the setting of the schools.

Talking about environmental concerns does not challenge national security policy in the same way, although, in fact, complex issues of economic security and competitiveness are involved. Moreover, environmental issues are clearly local problems as well as global. This gives them an immediate and tangible quality and this concreteness is helpful in engaging children. Many schools and families are already active in recycling programs, but I believe that teenagers could be encouraged to play a more active role in neighborhoods and apartment buildings—a role that would add to their own sense of being able to make a difference at an important juncture in their lives.

Although it is easier to find meaningful local responses with respect to environmental than to arms race issues, the public has recently begun to understand the way in which the two areas of concern overlap as information about the inadequate disposal of toxic military wastes has become more available, and an intense local issue in many states.

It may be that only when every global issue is seen to have ramifications in all our backyards will we face our vulnerabilities. When we do so, we will have an opportunity to forge new bonds with our children. ☐

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by Harold Howe II

Teenage America: Myths and Realities

Opinion polls show that American adults harbor a predominantly negative view of teenagers. This perception isn't surprising considering the barrage of sensational and damaging stories we encounter daily. In addition, more and more adults are self-appointed experts in child development and use their negative perception of youth to exaggerate the trials and tribulation of the period in life called adolescence.

These two misapprehensions feed upon each other in today's America in a fashion that discredits each successive generation of teenagers. Instead of viewing our youth as needing special attention from adults to mature as responsible citizens in a society that grows more complex each passing year, we tend toward two reactions: The first is to turn them over to schools with the message, "Study hard, and someday when you know enough and are more civilized than you now are, we'll welcome you into adulthood." The second is to offer them less attention from adults than in the past, partly because adults think of them negatively and partly because adults have less time for them.

Three major changes in adult life lie behind the decline in time for children and youth: (1) the rapid move of women into the labor market; (2) the growth in recent years of single parent families; and (3) the steady increase, since the early 1970s, in the number and proportion of young people exposed to poverty in their families. Each of these changes has its own origins, and the first two clearly should not be arbitrarily characterized as unfortunate. But taken together, their combined effects have presented new difficulties for children and youth in the process of maturing.

If you ask teenagers affected by these developments what they think adults think about them, their responses are not positive. The message many of them get from the adult world can be summarized in the statement of one, "They think we're a bunch of bums." On the other hand, if you ask teenagers how they feel about their relationships with their parents and other adults whom they know well, their response is generally positive. They want more and deeper association. When asked what opportunities they would like to have with adults, their main reply is "Just talk." Perhaps this statement is a response to the large portion of time teenagers spend with adults watching television.

When this analysis of youth-adult relationships is set forth for discussion, the response of thoughtful people is, "Aren't you forgetting something? All that we are hearing about drugs, dropouts, delinquency, irresponsible sex, and suicide among youth can't be a myth." And, of course, they're correct. There are some serious problems that cry out for attention. What's needed is a sensible perspective based upon a combination of up-to-date facts and reasonable judgment concerning their meaning. By characterizing an entire age group as best represented by listing the sins of some of them, we run the very real danger of creating a self-fulfilling prophecy. An immense amount of harm can be done by stereotyping all youth through powerful anecdotal evidence.

In an effort to lend some balance to the interpretation of recent data on the youth problems I have mentioned, I would like to quote two paragraphs from an August 1989 publication of the William T. Grant Foundation entitled, *American Youth: A Statistical Snapshot.* First issued in 1987, this publication was brought up to date in a new 1989 edition. The author, James R. Wetzel, has served in the Census Bureau of the U.S. and is familiar with both the use and the misuse of statistics. He summarizes his extensive report as follows:

> The picture that emerges from the overall averages suggests that an increasing share of our nation's youth are moving in positive directions. Decreasing rates of alcohol and drug abuse, increasing education and labor force participation of young women, and the overall reduction in teen parenting provide reason for cautious optimism. Still, there is no room for complacency. Out-of-wedlock child-bearing has risen, young men are not recording the same levels of college attendance and completion they were a decade ago, and far too many youth are drawn to alcohol and drug abuse.

A second quotation from the same publication comes from the Foreword and was written by me:

> When reviewing Mr. Wetzel's data it is essential to remember the enormous diversity that these aggregate figures contain. National statistics cannot help but mask the degree of troubles faced by young people living in particular neighborhoods and in certain areas of the country. Their difficulties must not be minimized by unwarranted optimism. It is equally important, however, that we not over-generalize the difficulties of some young people and so overlook the determined efforts of the vast majority of American youth to contribute to their families and communities and prepare themselves for successful futures. . . .

In this short essay, it would be a mistake to pursue the mixed statistical data about youth at greater length. So I will mention just two categories, about which I think there are misunderstandings based in part on sensationalism. One is teenage suicide. It has continued at the rate of about 12-13 per 100,000 youths over the last ten years, about one-third the rate for adults. It is higher for college students than non-college, and three times higher for males as compared to females. Blacks' rate of suicide is half that of whites. None of this information should be taken to suggest that suicide prevention is not worthwhile.

The second is education, a wide and deep area of concern throughout the U.S. that is now engaging political and business leaders along with teachers, other educators, and citizens generally. I will venture here a personal judgment on education in the U.S. consisting of five brief assertions, each of which has implications for education improvement strategy.

- The U.S. should be proud of what it has done to bring a steadily growing proportion of its diverse society to progressively higher levels of schooling, so that today 86 percent of young adults hold high school graduation credentials.
- In spite of this attainment, there is a serious need for improved levels of learning in all schools and particularly in those which serve large numbers of young people whose learning horizons are limited by the lack of stimulation and support available to them in family and community.
- Changes in schools to produce the required new levels of learning are more likely to emerge by enlisting parents, teachers, and other educators in the processes of change than by telling them they are inadequate, legislating their activities for change, and comparing our schools with those in societies harboring little of the kind of social and economic diversity found in the U.S.
- The inequitable distributions of funds for schools in the U.S. is a major source of educational inadequacy for disadvantaged students and for a good number of others.
- The assumption that schools can be fixed so they can overcome all the disadvantages imposed on children and youth by growing poverty is a naive and erroneous view.

For the remainder of this statement, I would like to focus upon several initiatives suggested in the *Report* of the William T. Grant Foundation Commission. It tried to identify policies and activities that are useful in helping youngsters with serious problems and to ensure that a growing proportion of our youth do not become ensnared in self-destroying behavior.

From the Commission's many recommendations for educational change, I would select two: (1) the development by states and localities of an operating "second-chance" system in education; and (2), as part of that system, the encouragement of large scale experiments involving school/business partnerships in the revival of apprentice-like, work-study experience for 15-20 year-olds.

Across the U.S. today, we have literally thousands of efforts to re-enlist dropouts in education. Some are integrated with schools; others are entirely separate from them. But the typical secondary school still continues to view the dropout as just that—a kid who has left and for whom it has (thank God!) no further responsibility. There is little evidence that high schools feel truly obligated to those that have left them or that they are learning to serve potential dropouts better by copying the approaches of interesting programs that are having some success in turning wayward youngsters around. The apprenticeship model is particularly appealing because it holds the possibility of showing young people that they can hope for a job with a future rather than the dead-end type of work almost all of them flounder in for years after leaving high school.

The work of the William T. Grant Foundation Commission recognized that family and community are powerful influences in the lives of youth, probably more powerful than schooling. The Commission asserted, "Efforts to produce success in school—without complementary efforts in families and communities—are unlikely to make a substantial difference for young people (*Final Report*, p. 3)." Dozens of recommendations are made in our study to bring these three realms together, and numerous examples of useful activities across the U.S. are cited. Here I will mention three strategies that are worth expanding: youth service programs, mentoring projects, and efforts to make existing services for youth more aware of each other and more readily available.

Youth Service Programs

This is an idea whose time has come: Senator Edward Kennedy is pushing a bill through the Senate to support it, and President Bush has his staff working to define the program he will back. A group of foundations is creating a fund of several million dollars to launch youth service activities in a dozen or more cities. In the meantime, statewide or citywide youth service endeavors have started in a number of places. Formal evaluations of several of these strongly undergird their value in terms of useful accomplishments for dollars invested. Less is known about the long-term impact of youth service on the lives of the young. But the broad concept of community service as an essential ingredient of citizenship in America combines with the evident growth of self-esteem among the youngsters involved to suggest real value in such endeavors.

Many issues appear as this activity expands. Should there be a national youth corps? Should voluntary service be required? Should volunteers be paid? Can youth corps be designed to bring young people the kind of collegial associations with adults they so clearly need? Should efforts be made to mix cultural and social backgrounds? As such queries are being answered in different ways in different places, it is important to say that most young Americans who would benefit from such an experience today, don't have the chance.

Mentoring

Even though less is known from reliable research about mentoring than about youth service, it shares with youth corps activities the current wave of enthusiastic support. Common sense suggests that youth without adequate family or community support and advice will be helped by the friendly presence of an adult mentor in their lives. Some preliminary studies by Public/Private Ventures in Philadelphia point out that retired people can make effective mentors, partly because they have the time and also because the association with young people enriches their own lives. The same study indicates that the most effective mentors may not be highly successful people who believe themselves to be role models. Instead, adults who have had some of the same problems in their lives with which youth contend—substance abuse, poverty, school failure—may work out better.

Problems abound: how to select mentors; how to train them; how to connect them with youth; how to avoid high turnover; and how to help them deal with both families and the law as their youth get into difficult personal problems. But in spite of these issues, this practice seems to be genuinely helpful to many youth and deserves significant expansion as well as more analysis.

Providing More Comprehensive Services

For a long time, social service agencies, including schools, have reasoned that the many sources of funding and action geared to meeting the multiple needs of youth should be better coordinated and more convenient for those served. Several suggestions on this subject are made in the William T. Grant Foundation Commission's *Final Report* (see particularly Chapter 3, "Toward More Responsive Communities").

My comments on this difficult area are that coordination of programs at the top (the state or national levels where they originate) does not necessarily produce coordination at the service delivery level where kids and their families get money, medical attention, or advice and guidance. To produce real cooperation among agencies with fiscal and turf rivalries is a tough but necessary task that first requires new levels of leadership in the agencies involved. An example of what is needed will be found in a document entitled *New Partnerships: Education's Stake in the Family Support Act of 1988*. This is available from the William T. Grant Foundation's office in Washington, DC. It offers a case study designed by ten separate agencies on how to meld the education and welfare systems of the U.S. at local, state, and national levels. ☐

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■ by Irene Beck

The Latency Years: Building Bridges To

The ages and stages of adolescence are often wrapped in myths, memories, and misunderstandings. Children who have grown through the terrible twos and the peaceful preteen years can unpredictably change and challenge. Parents, having struggled through sleepless nights and toilet training, may find their familiar ways of handling situations no longer work.

Adolescence brings with it many new physical, emotional, cognitive, and social changes. Most parents say they're not ready for what's ahead, and look at the approaching teen years through dread-colored glasses. Preparing for the battle of the wills, they fear the worst and find themselves in skirmishes over car keys, curfew, clothes, and ultimately over who is in the driver's seat. Whose life is this anyway? And who's going to call the shots today?

Parents of teens need some reassurance that the child they used to know and love is still inside an ever-changing exterior. Yet their teen sends them mixed messages like: Like my music, but don't go around singing my songs; Remember my friends' names, but don't ever talk to their parents; Pay attention to me, but don't check up on me; Show me you still love me, but don't treat me like I'm your child!

Understanding how to juggle silent or shouted conflicting cries for independence and nurturing is a tricky business, and parents of teens see their children entering a world that holds far more dangers and opportunities for disaster than in the past. Sex, AIDS, violence, drugs, alcohol, environmental hazards, and nuclear destruction loom large. And the evidence of adolescents' vulnerabilities are everywhere: teen pregnancy and parenting, addiction, crime, accident, and suicide rates scream out.

Misunderstandings abound. Teens feel intensely about almost everything; the exceptions are probably items parents care about such as phone bills, chores, and good grades. Teens are into short-range planning; go past next Saturday and you're in the distant future. Parents often think they're long-range planners, but regularly get stuck in the middle range; just get into a good college, just get your diploma, just get out of high school in one piece without getting pregnant, addicted, or arrested.

Parents may feel they're steering their teens through an obstacle course without being behind the wheel, and the teens may think life's like a video game—they know the screens and the pitfalls better than their parents and their reflexes are faster.

Many teens today convey an air of independence and worldly wisdom, yet yearn for adult support. Through all the slipping and sliding toward independence, teens are called upon to make countless choices and decisions. Prior to adolescence, they mostly adopted their parents' views, values, and reactions. Now they sort through their own responses: How do I feel about geometry? Acid rain? College? Apartheid? Family dinners?

Teens need education and information about the dangers and opportunities awaiting them. They need direction and guidance in building decision-making skills and making sound judgments. They need open communication with parents and other adults as the locus of control shifts to their shoulders.

Learning new ways to help their teens grow can be daunting and draining, and parents often find themselves isolated and lacking clear guidelines. The theoretical approach to adolescence is young. While child and adult theories of development have existed for hundreds of years, there was no transitional period between childhood and adulthood seen before this century. Rites of passage into the adult world often were marked early on: the ability to earn wages, bear children, recite the Holy Word, or hunt with the elders. Teenagers are new on the scene, theoretically speaking.

In defining this new identity, adolescence was set apart. In higher education, development courses were taught in two separate sections: child and adolescent. Middle schools and junior high schools were created in order to span the years between elementary and high school.

In our culture, adolescents have been given extra years to prepare for adulthood to form their own identity, decide which role models to emulate, become independent of their parents, establish their own sexuality, and choose a career path.

However, in making the teenage years a discrete stage of development, the prevailing view of children has become fragmented. Childhood has been chopped into pieces that discourage parents from seeing the larger picture; adolescence is but another era in their children's timeline.

What Can Parents Do?

Much of the work of prevention is in preparation. Just as you took precautions in pregnancy and prepared for your child's birth, you can use the relatively calm years of your child's latency period (6–12) to prepare for the transition to adulthood.

Become Informed. Read. Talk to other parents. Most importantly, talk with and listen to your child. Knowing what is ahead can empower you, and preparing for rapid changes can be time well spent by you and your youngster.

Build your Child's Strengths.

- **Communication Skills.** Within your family, agree to disagree. Make it safe for your child to challenge your point of view. Show her there can be several valid opinions on a subject. Talk about something in the news or on a television show; teach her to articulate her position and to question others. This will be essential for her future ability to resist following the crowd.
- **Negotiation.** Instead of settling family disputes yourself, as you probably did when your child was younger, teach him to resolve conflicts with his own strategies. When he confronts your limits, ask him what he thinks is preferable. Consider his requests; honor them whenever possible. Strengthening his negotiating abilities may lessen his need for rebellion later on.

Adolescence

PHOTO: JANE RAE BROWN

- **Self-Esteem.** Help your child recognize her strengths. When she brings home a report card with mixed grades, ask her to tell you how she earned her good grades. Help her apply her positive work habits to areas that need improvement. As a teen, she will need this reassurance of her own competence in order to take sensible risks.
- **Develop Interests.** Share a search with your child for something he loves to do. Hobbies can grow into beneficial extracurricular activities; introduce him to peers with similar interests, constructively occupy his free time and build valuable related skills that are physical, mental, or social.

Parents of preteens and adolescents who look for community resources may find very few. While many supports have become available for parents going through pregnancy, childbirth, preschool, and the early elementary school years, substantial gaps exist in support services for parents throughout their children's latency and adolescent years.

Typically, a spate of preventive, parent-child oriented programs is usually available for parents of young children, but they taper off by age 12 with cautions for latchkey children. After a break of several years, during a child's latency development, services resume but almost exclusively in problem-focused programs that intervene after crises such as teen pregnancy, drug addiction, or drunk driving have erupted. And, these programs deal directly with adolescents, not with their parents as primary participants.

How can parents respond? Families need to reclaim their teens, keeping them close to the fold. It is also vital that parents try to prevent teenage problems long before their children's adolescence is upon them. Rather than being lulled into complacency, parents can use their children's latency years as fertile preparation for the future. While channels of communication with their preteens are still open and the children are receptive, parents can choose to convey the values they hold dear. They can establish traditions and favorite "together" times that they and their teen can later fall back on. They can stand as strong role models for their growing child to follow.

The tensions and turbulence that come with change sweep through the teen years. For many families with younger children, the hard part is still ahead. But parents who do their homework ahead of time, building bridges in their children's latency years, can alter the level of struggles they may face.

What Can Programs Do?

Providers of family support programs may not automatically think of adolescents and parents of teens as part of their typical constituency. Those who do are likely to be working on interventive rather than preventive approaches to adolescent issues.

Vanguard programs which have attempted to address potential problems through prevention have run into roadblocks that can seem intractable. Funding sources are reluctant to switch streams of revenue from familiar, rocky areas such as substance abuse or teen parenting to prevention programs that do not focus on a problem area, but on enhancing the strengths of children within their families.

For example, suburban communities, concerned about small but significant inroads by urban gangs, have been turned down in their attempts to augment local crime prevention units with gang-related experts. Reasons for denying funding rest on the argument that there is insufficient evidence of a serious problem. The maxim "If it's not broken, don't fix it" can wreak havoc when applied to children. It is a perspective that views gangs or drug abuse as the significant problem rather than as symptoms of deeper, underlying problems such as teens' loneliness, or their inability to delay gratification, set goals for themselves, or even believe in their own worth.

Programmatic attempts to bring parents and teens together run into opposition on many fronts. At this juncture in a family's life, most parents are working outside the home, as are many teens. Time is limited, and teens often resist required attendance at family-related functions. In many families where no blatant problems exist, everyone may have moved off in separate directions attending to their individual needs with no overlapping energy given to the family unit. In families where problems have surfaced, parents often feel weary or powerless to effect change, and teens with troubles may be seen or feel themselves isolated from the rest of the family. Fearing some of the worst adolescent problems such as delinquency or suicide, parents may avoid participating in programs that could stigmatize their children through labeling.

An alternative programmatic approach would be to maximize the strengths children develop during their latency period. Youngsters between the ages of six and twelve usually become increasingly responsible and responsive; they emulate and imitate adult ways. They accept authority, and most importantly still want to be with their parents. They are pleasant to be around. Parents of children in this age range often feel empowered. They have mastered the daily life of parenting—it is predictable. They feel they must have done something right since their children are no longer obstreperous as they were in the toddler period, nor do they cause problems like the older, rebellious children of friends.

Family support programs could initiate new directions for the graduates of their early childhood projects. Rather than limiting services to families of children in preschool years, programs could encourage ongoing participation through the elementary school years. Weekend programs could offer a natural extension that fits a family's schedule as well as timeline.

In educating parents, emphasis needs to be placed on the importance of their staying close to their children through latency and adolescence. Parents may not be sufficiently aware of their older children's strong developmental need for adult supervision and guidance.

Older children who continue to be involved in the activities of family support programs would have excellent opportunities to broaden their trust in other adults who serve as vital role models.

Offering a support group for parents of adolescents could provide much needed encouragement and practical swapping of advice. These parents could serve as Big Sisters and Brothers to parents of preteens.

Programs could be organized for parents and preteen children, emphasizing opportunities to spend time together. Parents could explore ways to connect with their children in shared pastimes and common interests, such as critiquing movies together, rating local fast food restaurants, playing or watching sports, or people watching. Instead of using the developmentally quiet years to go their separate ways, parents and children can build bridges and pathways that both can walk together in later years. ☐

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Have You Talked to Your Kids Lately?

● In Montana communities, parents and their adolescent children do a lot of talking—about responsible sex, about AIDS, about alcohol and drug abuse, about feelings. Mostly, they are becoming comfortable talking with each other—about values, and how to deal with life's ups and downs.

The impetus for all this conversation comes from the Montana State University Extension Service and a program called **PACT** (Parents and Adolescents Can Talk), developed as a sexuality and communication education program for youth and their parents. The program approach is based on the belief that the family plays a central role in the development of healthy sexual attitudes and responsible sexual behavior among adolescents.

The program uses an integrated curriculum, involving both parents and children, and PACT research indicates that this approach increases family communication about sexuality and facilitates the transfer of parental values and standards.

In each of four age-appropriate curricula, youth and parents meet together and separately as they explore the sensitive issues of sexuality. The major purpose of the program is to help young people build positive self-concepts and improve their communication and decision-making skills, enabling them to exercise greater responsibility over their sexual behavior and resist media and peer pressure to become sexually active.

The program includes a preadolescent curriculum for fifth-sixth graders and their parents, an adolescent curriculum for seventh-ninth graders and their parents, an older youth program for tenth-twelfth graders and their parents, and a peer facilitator curriculum for past PACT participants who want additional training to become volunteer leaders for other groups in their communities. PACT has also added a school-based curriculum with a corollary out-of-school parent education component.

The training program is presented over 15–20 hours and focuses on interpersonal communication, self-esteem, assertiveness, decision making and problem solving, knowledge of physiology and reproductive health, and family values and attitudes. Each PACT group consists of six to ten family units and two specially trained facilitators.

More than 358 community leaders in 75 communities have been trained since 1987; programs have been implemented in 30 of these communities. More than 1,000 youth and their parents have been directly involved in PACT groups, 80 percent of whom completed the sessions, and 67 percent of whom returned for a four month follow-up session. Males comprised 43 percent of the youth, and fathers 30 percent of the parent participants.

The program includes a pre-test, a post-test, and a four-month follow-up testing of participants for a profile of knowledge, attitudes, communication, and behavior.

An important aspect of the PACT program is the mobilization and training of a cadre of adults within a community to provide leadership for implementing a local program. A broad cross-section of adults who represent the full range of conservative to liberal views is important to program viability and community ownership of the program.

PACT was originally developed and tested through MSU's Department of Home Economics as a teenage pregnancy prevention demonstration model, funded in part by the U.S. Department of Health and Human Services. The American Medical Association has honored PACT with a national award for excellence in adolescent programming. ○

For further information about the curricula, contact: Joye B. Kohl, Project Director, Parents and Adolescents Can Talk, Extension Service—Taylor Hall, Montana State University, Bozeman, MT 59717 406/994-4981. ►FRC

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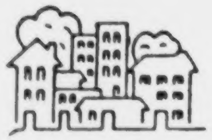
A Lot Can Happen on the Streets



● More than two million young people run away or become homeless in the United States each year. Some return home without incident; others are vulnerable to prostitution, child pornography, rape, drug trafficking, or die from exposure or disease.

Running away crosses all social, economic, ethnic, and family boundaries. Teens run on impulse after a hurtful argument, or plan an escape after years of abuse; they may be unable to cope with school problems, family issues of alcoholism or divorce, or a combination of difficult situations.

In 1974, looking at the increasing number of runaway youth becoming permanent residents of a street culture and the great loss of human resources this represented, the state of Michigan invested in an alternative service delivery system—**the Michigan Network of Runaway and Youth Services** (MNRYS), designed to address the needs of families in crisis before a permanent breakdown occurred. Michigan recognized that the family unit was seen as the best hope for repairing lives, and thus the primary work of reversing the tide of social problems meant helping families learn to heal themselves and work effectively toward their own growth and change.

MNRYS is currently a statewide, private, nonprofit organization made up of 29 member programs and a toll-free runaway hotline. Free, confidential services include short-term shelter, counseling, and support groups for youth and parents; all services are voluntary. MNRYS provides training and technical assistance to member agencies, acts as an advocate with other organizations, and coordinates public education on runaway issues through public speakers, workshops, press releases, a newsletter, and resource development.

The Network agencies confront a complex array of emotional, mental health, substance abuse, sexuality, and domestic violence issues. They serve as one last safety net before more traditional systems, such as juvenile justice or Protective Services are called in to resolve problems. State law permits these programs to house a young person up to 14 days with counseling focused on resolving the issues that led to the runaway episode. Parents frequently participate in the counseling, and their permission is required if the youth is housed beyond 24 hours.

Additional services vary from program to program; they may include support groups for both youth and parents, peer counseling programs, recreational activities, skill-building or prevention-oriented workshops, public presentations to community groups, and 24-hour crisis lines.

Three types of runaway programs are operated in Michigan: First, a residential program or "shelter" which houses clients within the facility itself. These can range from free-standing emergency housing to multi-purpose youth service agencies. Through these programs, food, clothing, and the security of a safe shelter are given to young people who might otherwise resort to living on the streets.

In the second type of program, state licensed foster homes are used to house runaways during their time of involvement with MNRYS. Families and children receive counseling which works toward the youngster's early and safe return home. If foster care is not used, these programs may engage in in-home counseling and visiting the family regularly in an effort to work out conflicts and set goals for positive change.

Lastly, juvenile diversion programs for status offenders work to keep troubled and abused young people out of the juvenile justice system, preventing their interaction with serious criminals and providing sensitive attention to the underlying causes of their offense.

Independent living projects have also been developed, focused on building the basic living skills homeless youth need in order to live on their own, such as getting a job and housing, maintaining a budget, and accepting responsibility for their own lives.

Michigan also has a 24-hour, statewide, toll-free hotline for runaways called RAPLINE which provides immediate information, referral, and crisis counseling to youth who have run away or are considering it, as well as to their friends and relatives. The RAPLINE will also relay messages between runaways and their parents upon request. This service helps prevent runaway episodes by relieving family stress and directing families to crisis counseling before a complete breakdown of communication has occurred.

MNRYS resources include *Talk to Me*, a 25-minute video which can be used as a discussion starter with parent and teen audiences, and as an outreach and public education tool for teachers, counselors, and other helping professionals. ○

For more information on the program or a publications list, contact: Barbara Rachelson, Executive Director, 115 W. Allegan, Suite 310, Lansing, MI 48933 517/484-5262. ►FRC

Mediation Serves Families in Conflict

● Using mediation as a means of conflict resolution in situations where the parties are parents and children is a recent development in the field. The **Children's Hearings Project** (CHP) in Cambridge, Massachusetts, began working in 1981 to test the effectiveness of this kind of intervention with families where the presenting problems appeared to center on the adolescent child. CHP is a part of the Cambridge Family and Children's Service, a private, nonprofit human service agency.

CHP started as a court diversion program to offer mediation as an alternative in two types of cases: those involving status offenders—children who were brought to court by parents or others as truants, runaways, or because of behavior considered beyond the parents' control—and those in which protective issues—the risk of parental abuse or neglect—were the cause. The project has gradually broadened to include cases, not necessarily court involved, where children between the ages of twelve and seventeen are the focus of family turmoil. Referrals come from the court system and from agencies, schools, and mental health professionals who see mediation as an adjunct to the other kinds of help a family might need.

Mediations are conducted by community volunteers, trained in the techniques and skills of the process, who serve as objective third parties in encouraging open dialogue between family members. The focus of mediation is to explore the potential for change in those behaviors and attitudes that have led to conflict, confusion of roles, and breakdown of communication. Viewing the family as a system makes it possible to see mediation as a useful intervention.

Generally, mediations take three to four hours, and although second mediations are common, they are not routinely assumed. Within this brief time, the mediators work to help families sort out their most urgent issues and arrive at a written agreement that specifies in concrete terms what each person commits to do. These agreement points are seen on two levels: such typical concerns as the time by which the youngster will be home at night, who will do which chores, how money matters will be arranged between parent and child, school attendance, behavior, and the like. On the second level are more complex problems that may be troubling the family—respect, autonomy, trust, and communication. Whatever the particular details and circumstances, the central underlying issue in every parent-child mediation is the issue of control.

After a while, the agreement and its content begin to seem less important and the educational aspect of the process, in which parent and child learn what is for many a radically different way of dealing with each other, becomes central. Although mediation is not therapy, it can be therapeutic for the family system when such changes alter the patterns of family interaction.

Recognition by the Massachusetts Department of Social Services that mediation may keep a child and family from further court involvement and prevent long-term out-of-home placement for the child has led to the expansion of parent-child mediation services throughout the state. Using the CHP model, which began as a demonstration and research program supported by private foundations, has helped to make funds available to numerous other private, nonprofit agencies to develop mediation programs for managing family difficulties.

The staff and consultants at CHP provide training in community theory and skills for volunteers, and a variety of training and program consultant services to professionals and agencies throughout the country. In addition, they train students and school staff in conflict resolution and mediation skills, and provide program consultation for the design and implementation of school-based programs.

The project has several helpful resources available: a 28-minute video, *Family Mediation*, shows the actual stages of a mediation as a family works toward agreement; a Parent-Child Mediation Resource Guide explains how the process can be useful to professionals who work with adolescents and their families; manuals for both mediators and trainers; and a research report on a two-year study of the project. ○

Contact: Melissa Brodrick, the Children's Hearings Project of Cambridge Family and Children's Service, 99 Bishop Allen Drive, Cambridge, MA 02139 617/661-4701. ►FRC

Thanks to Geraldine W.K. Zetzel, whose observations as mediator and trainer were basic to this program description.

by Theodora Ooms

Family Involvement in Adolescent Pregnancy and Parenting Programs

Programs for pregnant teenagers and teen parents increasingly realize the importance of involving their client's parents, siblings, and others in the program's services. Whether the problem is alcohol, drugs, delinquency, pregnancy, or serious emotional disturbance, the most effective youth-serving programs recognize that parents of troubled adolescents are sometimes a part of the problem, are always affected by it, and usually must be a part of the solution.

Family involvement is a little-noticed requirement of the 1981 federal law reauthorizing the Adolescent Family Life Demonstration Grants Program (Title XX of P.L. 97-35). This was a revolutionary idea but it was dismissed by many as simply meaning that parents had to consent to their teenage daughter's receiving services—a controversial notion largely supported by political conservatives. But family involvement means much more than this.

Programs that were set up to help pregnant teens and teen parents in the late 1960s and 1970s were based on a medical individualistic model and provided a range of health services. Gradually new programs expanded to meet a more comprehensive range of needs, but still their exclusive focus was on the individual teenage client and her baby. More recently the focus of programs influenced by a "systems" model has broadened to include the family, community, and cultural context of pregnant teens and teen mothers.

The findings of a small but growing number of studies and accumulated program experience provide a strong rationale for program staff to include family members in their services. Among the major findings are the following:

- The pregnant teenager's family—most often her mother, but it may be others—have a strong direct and/or indirect influence on her decisions about her pregnancy and, if she keeps her baby, on her living situation, child care arrangement, nutrition and parenting practice, and whether she completes school and/or goes to work.
- The large majority of unwed teen mothers live with their families. When teen mothers receive support and assistance from their families, their babies' health and well-being is better than if they try to manage on their own.
- Unwed teenage pregnancy is a crisis for the family system, not solely for the teenager, and can place great stress on family relationships.
- Teen pregnancy and parenthood are frequently associated with serious family dysfunction (e.g., parental neglect, family conflict or crisis, or parents conveying double messages about sexuality and pregnancy).

These findings led to the general conclusion that in order to maximize their effectiveness, program staff need, at a minimum, to: 1) directly assess the attitudes, roles, and available resources of the important members of their teen client's family; 2) employ whatever strategies are possible to maximize family support and assistance; and 3) diffuse, mediate, or help resolve conflicts between the teenager and her family.

Staff need to acknowledge the fact that compared with the strength and longevity of the family's influence, a program's efforts are short-term and often of limited impact. If the staff do not contact and/or work with their teen client's family, several results are likely to occur. First, her family may inadvertently or deliberately pull in the opposite direction, in effect sabotaging the program's goals regarding good nutrition and parenting practices, her return to school, and so forth.

Alternately, her family may share the program's goals but be upset, confused, or mistaken about the best ways to help the pregnant teen achieve those goals. Third, if the family's reactions and conflict are not brought out in the open and dealt with, the teenager is more likely to become pregnant again, too soon, or a sibling in the family may become pregnant. Fourth, only direct attempts to work with the family will reveal the resources they can mobilize to help their daughter, or the true extent of some families' serious neglect, abuse, or total incapacity to help the pregnant teen. Finally, only direct contacts with the teenage client's family—especially through home visits—will reveal the serious and pervasive nature of many families' problems (e.g., lack of income, inadequate housing, depression, alcohol abuse, etc.), that make it difficult or impossible for the teenager to solve her own problems. While few teen parent programs have the resources to meet these broader family needs, an effective program will know where and how to refer the family for help.

The rationale for involving the fathers of the babies, and the fathers' families, is similar to the rationale for involving the teen mother's family. Some programs have made independent efforts to involve fathers and others do so as part of an overall strategy.

It was basically for these reasons that the Title XX legislation required grantees to "use such methods as will strengthen the capacity of families to deal with sexual activity, pregnancy, or parenthood of adolescents." However, no federal guidelines or technical assistance was provided to help programs implement the family involvement requirement. Nor were they encouraged to collect any data on their work with families.

In 1987, an exploratory study of family involvement in the Adolescent Family Life programs was funded by the Office of Population Affairs. A research team at Catholic University, under the leadership of Sandra Hanson, Ph.D., conducted several site visits, sent a mailed survey to 236 program directors, supervisors, line staff, and evaluators in 79 programs, and analyzed available computerized data from five programs. Among the preliminary findings are:

- The large majority of program personnel believed strongly in the importance of family involvement and contact with their client's male partners, yet only a few were involving families in any significant way.
- Programs are employing a variety of policies and practices as examples of family involvement, but these efforts are few, haphazard, and sporadic for the most part. These include talking with a family member during the intake process, regular family counseling sessions, making home visits, offering family members an opportunity to participate with the adolescent client in prenatal classes, nutrition sessions, or their own (grandmothers) support groups.
- Program staff are least likely to involve families in those situations where it would seem to be most needed—situations of serious conflict, alcohol or drug abuse, etc.
- Many program staff make home visits, yet these occasions are seldom used as a strategy to enhance family involvement.
- Many financing and organizational factors serve as barriers to increased family involvement; for example, very few programs allowed line workers caseload "credit" for working with family members.

This study generated many ideas for further research to develop better measures of family involvement and to assess outcomes. The study's executive summary, full report, and a guide on family involvement for program personnel will be available from the Office of Population Affairs/HHS in late summer 1990. ☐

Theodora Ooms is director of the Family Impact Seminar at the Research and Education Foundation of the American Association for Marriage and Family Therapy. She is a social worker and family therapist with major interests in family policy and the area of adolescent pregnancy. Ms Ooms has edited and co-authored several books and reports; the most recent, Young Unwed Fathers: Research Review, Policy Dilemmas and Options, *was published by DHHS in 1987.*

Contact: Theodora Ooms, Director, Family Impact Seminar/AAMFT, 1717 K Street, NW, Suite 407, Washington, DC 20006 202/429-1825.

*Adapted with permission from an article published in TEC NETWORKS, July 1988.

by John Merrow

Children and Television: Natural Partners

In a documentary I produced some years ago called "Part-Time Work," 17-year-old Danny recognizes that he's wasted his high school years and faces a bleak future as 'just another worker'. After the documentary aired, however, Danny enrolled in college and majored in television production and theater. In another documentary, Ricky is seen as a high school dropout naively dreaming of a career in the National Basketball Association—another young black athlete exploited for his ability to score baskets, and then abandoned. But Ricky now has a high school diploma, is attending community college, and hasn't played serious basketball for years.

I am not confessing to fraud and deception. The camera showed Ricky and Danny as we found them, but being around and on television changed their lives. The experience of being filmed redirected their futures. My thesis here is simple: what happened to Danny and Ricky could easily happen—and should happen—to millions of American school children.

The familiar cliche about the camera not lying is wrong, of course. Camera angles, lighting, producers, writers, and editors all help define the reality you see. What's more striking, however, is how the act of intervening in a life—in the effort to capture the truth of that life—produces unpredictable results.

Why did television change Danny and Ricky? Is Danny going into television and theater because of his exposure to camera operators, sound technicians, and so forth? Was being with us merely a form of vocational education? Yes, but it was more; I think that making television gave Danny and Ricky some insight into, and power over, their own lives. And I firmly believe that schools could, and should, provide that experience for their students.

Television is a fact of children's lives. Young people between the ages of 6 and 11 watch, on average, 27 hours of TV a week. That amounts to two months of the year in front of the tube. Thirty percent of 9-year-olds watch six or more hours a day; 50 percent of 13-year-olds are glued to the box 3-5 hours every day. Only at age 17 does viewing drop sharply; most 17-year-olds watch less than two hours of TV daily.

Dry statistics come to life in conversations with the young. One afternoon in a high school in Peoria, Illinois I was allowed to take over an English class. Students told me that TV was "boring and repetitive," but what I remember most clearly was not what they watched but the number of sets; three-quarters of the class had their own TV sets; every household had at least two sets, and a few had as many as five! Youngsters reported that, in their homes, the TV was on "all the time."

I asked whether they watched with their parents and, if so, who picked the programs. One young girl's answer: "Nobody really chooses. We just watch whatever's on. Mom and Daddy may be in the room with us, but they're not really with us, if you know what I mean." That says it all: all-pervasive television as a soporific, enervating, and frustrating experience that isolates viewers, even those sitting side by side.

But I don't want to join the legions of TV-bashers, and not just because I make my living in television. I also am reluctant to join the academic researchers who have, in the past thirty years, produced more than 3,000 reports, usually calling for more and better children's programming or for more public access. My experience as a journalist and as a parent leads me to believe that a more helpful step would be to invite children to be around, in, and on television.

Children want desperately to be on television, as anyone who's taken a camera crew into a school can attest. Why do children jump, stare, turn cartwheels, wave, and shout "Hi, Mom"? I think that their mob-like behavior is, paradoxically, a search for individuality. We seem to have become the polar opposite of those aborigines who fear that cameras will steal their souls; to children, being on TV proves that they exist, that they matter. But educational institutions see children as empty vessels into which teachers pour knowledge, or as the raw material for their "knowledge factory." Children get the message they're minor cogs in schooling's machine, and in ever-increasing numbers young people are rejecting that message by quitting school. Today one in four students drops out.

Can television, the greatest tool of mass communication ever developed, be a means of individualizing learning? Of course it can. Television is not only our neighbor, our common language, our link, and the collector of our experiences. Used skillfully, it could be the instructional and motivational tool of the 1990s, the means of revitalizing our schools and of turning on our children in positive, life-enhancing ways. I'm saying, "Teach children—beginning in elementary school—to make TV." And as they learn to make television, they will also learn most of the other lessons, values, and basic skills we want them to.

TV—The Great Motivator

Here's the basic equipment that a school would need to make passable television: a camera (of the mini-cam variety), a tripod, two portable video/sound recorders or decks, two color monitors, and an editing unit. A school system's purchasing agent ought to be able to buy the complete package (simple equipment—nothing fancy) for under $5,000, and further savings could be realized on quantity purchases.

Two recorders allow the editing of raw tape. For example, suppose the fourth grade at PS 208 is producing a school news program. For a 6-minute segment about the cafeteria, the class's camera operators might shoot three 20-minute tapes of food being prepared, served, eaten, wasted, and so forth. For a 4-minute report on the new gym teacher, the actual interview might run 20 minutes or more. But the news program is only 15 minutes long with the anchor's introductions, other news, credits, music, and perhaps a few commercial messages. That means editing, choosing which pictures and sound bites to use. The anchor will probably flub a few times when reading copy, and that means editing also. It's real TV production. The editors transfer the selected images onto a master tape, and that's what the audience sees. The outtakes disappear, and the tapes are used over and over again.

The possibilities are nearly endless. For example, junior high school social studies classes could make news programs about a particular historical period, with judges picking the winner. Or chemistry experiments could be videotaped and edited to teach both new material and lab techniques (as well as editing, of course). Any imaginative music, art, physical ed, or dramatic arts teacher would find dozens of ways to have students use the equipment.

Let me give an example from my own high school teaching 23 years ago. That year, I decided to let the class put Macbeth and his wife, Lady Macbeth, on trial for first-degree murder. Was he insane? Did she lead him into murder? Students took on the roles of

Continued on p. 20

Health

San Francisco AIDS Foundation
333 Valencia Street, 4th Floor
San Francisco, CA 94103
415/864-4376 Sterling Winterhalter, III

Beginning with four community leaders in 1982, SFAF now has 85 paid staff and a volunteer bank of 600. The Foundation is a leader in providing both innovative, accurate education materials to the general public and model direct services to people with AIDS and ARC. Their excellent materials are written and illustrated for audiences in all ethnic and age groups and can be ordered through the AIDS Educator catalog which includes posters, brochures, pamphlets, videos, etc. SFAF produces a variety of teen-directed materials: *The Parent-Teen AIDS Education Project*, a multimedia program designed for parents of adolescents; and *Risky Business*, a comic book approach to educating teens about the dangers of AIDS infection and the need for informed, safe sex.

American Academy of Child & Adolescent Psychiatry
3615 Wisconsin Ave., NW
Washington, DC 20016 202/966-7300

AACAP specialists are involved in the diagnosis and treatment of psychiatric disorders affecting children and adolescents and their families. They publish *Facts for Families*, brief information sheets on a variety of topics such as depression, alcohol and drug abuse, eating disorders, teen pregnancy, suicide, learning disabilities, etc. and a poster-size glossary describing treatable, preventable mental illnesses affecting teenagers. These publications can help parents, teachers, and teens learn when to seek professional help and how to contact helpful organizations. A pamphlet on normal adolescent development (ages 12–19) is also available. Single copies are free; send for publications order form to AACAP, attn: Melissa Duprat, Box 96106, Washington, DC 90090-6106.

Education

American Guidance Service
Publishers' Building, P.O. Box 99
Circle Pines, MN 55014-1796 1/800-328-2560

STEP/Teen: Systematic Training for Effective Parenting of Teens by Don Dinkmeyer, Sr., and Gary D. McKay (1983, $99.50 complete kit). Using a group discussion format, STEP/Teen teaches specific parenting skills and a system of communication that works toward improved parent-teen understanding and youngsters who are more confident and self-reliant. The program uses a 10-session approach to build positive relationships, change emotional responses, encourage self-esteem, learn effective listening skills, express feelings, teach natural and logical consequences, and deal with discipline challenges. Each kit includes a Leader's Guide, a Parents' Guide, five audiocassettes, and publicity aids. The AGS catalog offers a range of high quality materials for special education, parenting, in-service training, and guidance.

National Committee for Citizens in Education
10840 Little Patuxent Parkway, Suite 301
Columbia, MD 21044 301/997-9300

The Middle School Years: A Parents' Handbook by Nancy Berla, Anne T. Henderson, and William Kerewsky (1989, 92 pp., $8.95). This valuable, easy-to-read book first helps parents understand how their 10- to 14-year-olds develop, think, and feel, and then suggests ways parents can help children improve their achievement in middle school. Chapters cover: what is normal behavior for this age group; the need for learning basic skills; what constitutes a good middle school; and how important it is for parents to get involved and ways to participate. Additional reading materials are suggested at the end of each chapter and parents are encouraged to use the resources as guidelines. NCCE also publishes *NETWORK*, an information newsletter, six times a year for public school personnel and parents; attached to it is the NCCE catalog of print and video resources, and services to help improve schools.

The Sheppard Pratt National Center for Human Development
Educational Services for Children & Adolescents
6501 N. Charles Street, P.O. Box 5503
Baltimore, MD 21285 301/938-3908

A leader in the mental health field, the Center offers custom-designed workshops and programs at their location or outside it. Drawing on a network of professionals, they work directly with children, parents, and educators in programs that include: training and support services for school-based student mediation; a dropout prevention series for students at risk; a school-based program focused on living alcohol and drug-free, dealing with change and stress, and eating disorders; and a teen improvisational theater group that acts out dramas based on issues of concern among their peers. See page 21 for a description of No Hang-Ups!, their taped message call-in service for teens.

Degrassi High
WGBH-TV 125 Western Avenue
Boston, MA 02134 617/492-2777

The award-winning television series, *Degrassi Junior High*, presented on PBS since 1987, has grown up with its cast members and graduated to high school. The new 1990 series, *Degrassi High*, portrays real-life situations that face adolescents, focusing on issues such as peer pressure, divorce, teen pregnancy, date abuse, social responsibility, and relationships. The episodes are presented from the adolescent point of view, and the goal is to help young people understand the variety of choices available in any one situation. Important printed materials have been developed to augment the themes of each episode: the Degrassi Discussion and Activity Guide, a 24-page magazine for educators, health workers, and youth organization leaders; and a newspaper for students are available at minimal cost. Contact Degrassi High, Box 2222, South Easton, MA 02375, 617/963-8666 for information.

Active Parenting
810 Franklin Court, Suite B
Marietta, GA 30067 404/429-0565
Dr. Michael Popkin

Active Parenting of Teens Video/Discussion Program is a parenting education program for professionals to use with parent groups. Video taped scenarios are used to teach an active parenting style by combining taped and live exercises with group interaction and support. The program is formatted into six 1½–2 hour group discussion sessions, covering topics that range from understanding children to winning cooperation. The issues of sexuality and drug and alcohol use, how to talk to teens and preteens about these sensitive subjects, how to set limits and how to impose mutually agreed upon consequences are also addressed. A new version of the program, *The Active Parenting of Teens All-Video Format*, presents the same material in six 30-minute sessions that are self-contained and require no leader. Actor Dick Van Patten narrates both programs.

National and State Organizations

National Organization on Adolescent Pregnancy and Parenting, Inc. (NOAPP)
P.O. Box 2365 Reston, VA 22090 301/913-0378
Kathleen Sheeran, Executive Director

NOAPP's national membership is focused on preventing adolescent pregnancy and the problems related to adolescent sexuality, pregnancy, and parenting. They publish the *NOAPP Network*, a substantive quarterly newsletter, and offer technical assistance to programs and coalitions, hold an annual conference, offer training events for professionals, and maintain data on resources and programs in each state.

Center for Early Adolescence
The University of North Carolina at Chapel Hill
Suite 211, Carr Mill Mall
Carrboro, NC 27510 919/966-1148
Frank Loda, Director

CEA is in its second decade of promoting the healthy growth and development of 10- to 15-year-olds, and is recognized as a unique national resource and information clearing house for youth and family-serving professionals. CEA develops training programs for professionals and volunteers who work with youth in this age group, and focuses on issues relating to school improvement, literacy, math skills, community service, and parent education. Among their many excellent publications, two examples: *Early Adolescence: A Resource Directory* by Susan Rosenzweig and Kathleen Dunleavy (1987, 55 pp., $7) lists and fully annotates organizations and journals that focus on topics affecting early adolescents' education, development, religion, family, community, health, and sexuality. Geared to professionals, and national in scope. Also, *Families with Young Adolescents: A Resource List* by Susan Rosenzweig and Kathleen Dunleavy (1987, 53 pp., $7). Annotated entries describe books, curricula, reports, guides, studies, pamphlets, workbooks, etc. Divided in two sections—one for professionals, the other for parents—the directory focuses on topics such as risk-taking, family life, peer influence, sexuality, discipline, gender and ethnic issues, etc.

National Black Child Development Institute

1463 Rhode Island Avenue, NW
Washington, DC 20005 202/387-1281
Evelyn K. Moore, Executive Director

NBCDI is a 20-year old national, nonprofit charitable organization dedicated to improving the quality of life for black children, focusing primarily in the areas of health, child welfare, education, and childcare. Through their affiliates in 33 cities across the country, the organization monitors public policy issues that affect black children and helps to educate the public through periodic reports, two quarterly newsletters—the *Black Child Advocate* and *Child Health Talk*—and a group of focused, small books. For example: *Teens, TV, and Telephones: A Survival Guide for Parents* (1988, 16 pgs., $4) and *Beyond the Stereotypes: A Guide to Resources for Black Girls and Young Women* (1986, 75 pgs., $8.50), an annotated selection of culturally relevant, motivational books, records, and films.

Carnegie Council on Adolescent Development

2400 N Street, NW 6th floor
Washington, DC 20037-1153 202/429-7979
Ruby Takanishi, Executive Director

CCAD is an operating program of Carnegie Corporation of New York, established in 1986 to bring sustained public attention to the risks and opportunities of the adolescent years (ages 10–15). Council members are 25 national leaders from the fields of education, law, health, science, religion, business, the media, youth-serving agencies, and government who chart and review the Council's activities in education, research, prevention, health, and the media. Small working groups are formed to examine issues in adolescent development and evaluate current approaches and programs. The members' work—reports, seminars, workshops, and meetings—are reported to the public, and a list of "Working Papers" can be requested. An Executive Summary of their recent report on the education of young adolescents, *Turning Points: Preparing American Youth for the 21st Century*, is now available.

The Indiana Youth Institute

333 N. Alabama St., Suite 200
Indianapolis, IN 46204 317/634-4222
Patricia Turner-Smith, Director

IYI provides information, training, technical assistance, research, and public education for Indiana youth-service providers and policymakers. Established in 1988, IYI is an independent, nonprofit organization developing a resource center to disseminate information on issues related to youth and successful programs for youth in the state. They publish a newsletter, sponsor conferences, and link individuals, associations, communities, agencies, and programs in order to share strategies and resources for the betterment of Indiana youth.

Drug and Alcohol Abuse

People Reaching Out

5433 El Camino Ave., Suite 700
Carmichael, CA 95608 916/971-3300
Mary Trudeau, Program Coordinator

PRO's drug/alcohol prevention focus on the youth and families in the greater Sacramento area is carried out through a paraprofessional counseling program staffed by volunteers trained and supervised by two clinical psychologists. Students Reaching Out works with middle school students in a prevention program that deals with accurate drug information, peer pressure, and decision-making and refusal skills. Athletes Reaching Out pairs professional athletes with youth to discuss self-esteem, goal setting, the importance of being drug-free, and the self-discipline required to achieve success. A community Forum series brings national and local experts together with families and educators on issues relating to parent-child relationships, healthy lifestyles, personal growth, and prevention of substance abuse. PRO also publishes a quarterly newsletter, and an excellent educational brochure on drug and alcohol use and abuse.

Children of Alcoholics Foundation, Inc.

200 Park Avenue, 31st Floor
New York, NY 10166 212/351-2680
James T. Dowell, Executive Director

Reporting that one out of every eight Americans is the child of an alcoholic, CAF is geared to educate the public and professionals about this group of young and adult children. They promote and disseminate research on the effects of family alcoholism, encourage government response, and develop programs and materials to help break the intergenerational cycle of family alcohol abuse. CAF provides both information and referral services, and produces a variety of print and video resources such as: *The Images Within*, an alcohol education and prevention program for children, and *Kids Talking to Kids*, a 17-minute video of five children from alcoholic families discussing problems they've faced and overcome (for children 9–13, includes a teacher's discussion guide).

Quest International

537 Jones Road, Granville OH 43023-0566
1/800-446-2700

Lions Club International, the world's largest service organization, and Quest International, a nonprofit educational organization, have formed a joint venture to raise consciousness regarding drug and alcohol abuse. Their six-year old Lions-Quest *Skills for Adolescence* is a drug education curriculum designed by 57 educators and researchers for 10- to 14-year-old students. The program is a semester-long course aimed at developing self-awareness and self-confidence while teaching young people how to set goals and make responsible decisions. The program brings schools, parents, and communities together through classroom activities, parent involvement, and service learning projects. More than 11,000 schools are involved worldwide.

Community Service

Y.E.S. Youth Exchanging with Seniors

Texas Tech University Health Sciences Center,
School of Medicine, Dept. of Internal Medicine,
Lubbock, TX 79430 806/743-3161
Sheryl Boyd, Ed.D.

This pilot project is an interagency, intergenerational, education initiative that unites 4-H, FHA (Future Homemakers of America), and other youth organization members with their elders in a volunteer, community-based human services exchange. Assisted living and chore type services will be provided by youth to seniors in rural west Texas where a major shortage of medical personnel and health facilities exists. Offered on a sliding scale, fee-for-service basis, the approach allows youth to develop small business management skills, and preserves the dignity of the elderly who become purchasing customers, not just passive care recipients. Project guidebooks will be provided to high school home economics teachers and 4-H agents in 20 counties who will initiate projects in their communities.

Early Adolescent Helper Program

City University of New York Graduate Center
25 W. 43rd Street, New York, NY 10036
212/719-9066 Joan Schine, Director

EAHP is designed specifically for 11- to 14-year-olds who are too young for jobs and too old for most after-school programs. Youngsters can participate through daycare, Head Start, latchkey programs, and senior centers—playing with younger children, recording oral histories, and escorting on field trips. Most programs are coordinated through schools where Helper-trained adults lead weekly seminars that help the children learn from their problems and successes on the job. The program motivates students to stay in school, learn about the work world, raises self-esteem, and provides extra hands for overworked community service agencies. Publications and video materials are available.

Maryland Student Service Alliance/Summer Corps

Maryland State Department of Education
200 W. Baltimore St., Baltimore, MD 21201
301/783-5654 Kathleen Kennedy Townsend, Director

This is a volunteer program for 100 Baltimore-area high school students who work in a 6–8 person team for four or eight weeks, beginning with a skills orientation session, gaining experience in problem-solving and how they can make a difference in their community. They have weatherized homes for the elderly, built a park at a women's and children's shelter, organized recreational activities for special needs children, taught reading to children and adults, written and performed a skit about drug abuse for their peers, and planted sea grass to help save the Chesapeake Bay. Maryland has mandated a year-long Community Service course for the high school curriculum and is unique in requiring high schools to provide credit toward graduation for this work. The Alliance runs other programs during the school year; contact them for more information.

Resource File

Publications

Network Publications
P.O. Box 1830 Santa Cruz, CA 96061-1830
Helen Eidemiller 408/438-4080

One of the largest publishers of family life and health education resources in the country, Network produces teachers' guides, resource manuals, curricula, videos, and other materials that support educators' efforts to motivate young people to choose positive health behaviors. They also gather resources from other publishers, nonprofit organizations, national associations, individual school districts, and public and private agencies and distribute them with their own titles through a comprehensive catalog of print and audiovisual resources. Network also publishes the *Family Life Educator*, a respected quarterly journal for educators that reviews resources and is a forum for new ideas and teaching tools.

Family Impact Seminar
1717 K Street, NW Suite 407
Washington, DC 20006 202/429-1825
Theodora Ooms, Director

Briefing Reports are prepared as background material for the Family Impact Seminars' monthly family policy seminar series conducted for congressional and executive branch staff in Washington, DC. These reports include a 15–25 page summary of the research and policy issues, highlights of the panelists' presentations and discussion, and organizational resources and references. Send for a list of available titles which include: "Young, Unwed Fathers and Welfare Reform" (11-27-88); the "Unique Health Needs of Adolescents: Implications for Health Care Insurance and Financing" (2-24-89); "Teenage Pregnancy Prevention Programs: What Have We Learned?" (5-26-89).

William T. Grant Foundation
1001 Connecticut Ave., NW Suite 301
Washington, DC 20036 202/775-9731
Samuel Halperin, Study Director

A Commission on Work, Family and Citizenship was convened by the Foundation in 1986 with a 3-part charge: to find out what research and demonstration projects could teach about how—and how well—American young people were making the transition from school to adult roles in work and family life; to determine what practices worked best in bringing about this transition successfully; and to suggest additional ways the full potential of youth could be used to ensure their successful participation in America's future. The follow-up work continues, based on the Commission's publications. Two major reports were issued: *The Forgotten Half: Non-College Youth in America, An Interim Report on the School to Work Transition* (1988, 101 pp.), and *The Forgotten Half: Pathways to Success for America's Youth and Young Families, a Final Report* (1988, 203 pp.). In addition, the Commission published four "information papers" on special topics relating to youth and fifteen "working papers" designed to stimulate its thinking. Other publications have appeared since, and a price list is available. The two major reports are $5 each.

1990–91 Directory of American Youth Organizations: A Guide to over 400 Clubs, Groups, Troops, Teams, Societies, Lodges, and More for Young People
by Judith B. Erickson, Ph.D. (168 pp., $16.95, Free Spirit Publishing)

This directory is a comprehensive listing of nonprofit, national-in-scope, adult-sponsored (and supervised) groups serving children and youth of high school age and under. A contact name, address, phone number, and a brief description of the organization's objectives and activities are provided. Listings are arranged by group focus: hobbies, special interests, sports, science/math/technology, religious, patriotic, political, social, conservation, community service, agriculture, and career interests. Parents, educators, librarians, counselors, youth workers, and policymakers will find this guide valuable, and the opportunities for volunteers of all ages are endless.

Suggested Reading

You and Your Adolescent: A Parent's Guide for Ages 10–20 by Laurence Steinberg, Ph.D., and Ann Levine (1990, 417 pp., hardcover, $19.95), Harper & Row, 10 E. 53rd St., New York, NY 10022.

Parents and Adolescents, Living Together
Part 1: The Basics by Gerald Patterson and Marion Forgatch (1987, 285 pp., paper, $11.95)
Part 2: Family Problem Solving by Marion Forgatch and Gerald Patterson (1989, 299 pp., paper, $12.95), Castalia Publishing Company, P.O. Box 1587, Eugene, OR 97440 503/343-4433.

How to Talk So Kids Will Listen and Listen So Kids Will Talk by Adele Faber and Elaine Mazlish (1980, 242 pp., paper, $8.95), Avon Books, 105 Madison Ave., New York, NY 10016.

Teen Pregnancy Challenge, Book One: Strategies for Change and ***Teen Pregnancy Challenge, Book Two: Programs for Kids*** by Jeanne Warren Lindsay and Sharon Rodine (1989, each book 256 pp., paper, $14.95 each or $24.95 set), Morning Glory Press, 6595 San Haroldo Way, Buena Park, CA 90620 714/828-1998.

How to Survive your Adolescent's Adolescence by Dr. Robert C. and Nancy J. Kolodny, Dr. Thomas E. Bratter, and Cheryl Deep (1982, 350 pp., paper, $9.95), Little Brown & Company, 205 Lexington Ave., New York, NY 10016.

Your Ten- to Fourteen-Year-Old by Louise Bates Ames, Ph.D., Frances L. Ilg, M.D., and Sidney M. Baker, M.D. (1988, 346 pp., paper, $8.95), Dell Publishing, a division of Bantam Doubleday Dell Publishing Group, Inc., 666 Fifth Ave., New York, NY 10103.

Putting the Boys in the Picture: A Review of Programs to Promote Sexual Responsibility Among Young Males by Joy G. Dryfoos (1988, 108 pp., paper, $19.95), Network Publications, P.O. Box 1830, Santa Cruz, CA 95061-1830 1/800-321-4407.

Pregnancy Prevention and Teen Parenting

Wellesley College Center for Research on Women
Wellesley, MA 02181 617/235-0320
Fern Marx, Project Director

Learning Together: A National Directory of Teen Parenting and Child Care Programs
by Judith Francis and Fern Marx (1989, 196 pp., $20)
Of the 1.3 million children of teenage mothers, an estimated 800,000 are in need of child care services. Without adequate child care and other support services, the educational consequences of teenage pregnancy and parenting are twofold, according to the directory: young parents don't gain the necessary educational skills to support themselves, and their children often enter the educational system economically and developmentally disadvantaged. *Learning Together* profiles more than 300 programs that illustrate the range of services necessary to support young families, and is designed for use by national, state, and local planners and policymakers, in both the private and public sectors, as they consider service options for teen parents and their children.

Sex.
It's nothing to kid around with.
MPP
Becoming a teenage father is no joke.
MPP

Males Preventing Pregnancy, Inc.
P.O. Box 8435 Portland, ME 04104
207/879-8376 Carol Schiller, Director

MPP's approach to involving young males in the problem of preventing unintended teenage pregnancies is through a hard-hitting multimedia campaign that encourages their sexual responsibility. Targeting males 14–18 years of age, MPP has created effective television and radio spots, posters, pamphlets, transit cards, billboards, bumper stickers, and buttons that can be customized to meet the needs of local service providers and raise community awareness of the themes, "Sex. It's Nothing to Kid Around With" and "Becoming a Teenage Father is No Joke." A nonprofit affiliate of the Osteopathic Hospital of Maine, MPP launched successful media campaigns for several state agencies and programs which received national recognition. Several components are available in Spanish. Director Schiller leads workshops and training sessions on how to reach a young male audience, utilizing media, and mobilizing community resources for adolescent pregnancy prevention efforts.

■ by David L. Giveans

Reel-to-Reel: Working with Today's Adolescents

The following films and videos are a representative sampling of the excellent array of information and programs now available to adolescents, their parents, and professionals who work with them. Most of the programs presented are either new or were produced within the past five years. They are cross-cultural, represent varied socio-economic backgrounds, and address the complicated problems our teenagers face today.

General Adolescence

Through Young People's Eyes *(29 mins., 16mm/video).* This documentary presents young Black and Hispanic teenagers (primarily young women) growing up in poor, urban neighborhoods. Film intersperses scenes of their everyday lives with candid interviews presenting the advantages and disadvantages of adolescence: discussions about teachers, peer pressure, boyfriends, parents, and obtaining life goals. *The Cinema Guild.*

Specific Learning Disabilities in Adolescence *(33 mins., 16mm/video).* Four young people who participated in the 1975 film, Specific Learning Disabilities: Remedial Programming (Davidson Films, Inc.) are once again interviewed concerning their experiences since 1975. The new film illustrates what research is discovering about the relationship between learning disabilities and adolescents—drop-out rates, juvenile delinquency, social isolation, and academic achievement are explored. *Davidson Films, Inc.*

Dropping In: A Film about Dropping Out *(14 mins., 16mm/video).* What do you say to a teenager who is tempted to drop out of school to enjoy the seductive street life of his/her peers? This "trigger" film promotes discussion about some of the most pressing issues confronting adolescents: school, work, career, literacy, drugs, self-esteem, responsibility, and the conflict between immediate rewards and future consequences. Study Guide. *Select Media, Inc.*

Nobody Listens *(48 mins., video only).* This video depicts the pain and frustration one teenager endures after dropping out of school: the dead-end jobs, too much free time, and no real purpose in life. Divided into two parts, it can be used together or separately. Program guide. *Intermedia.*

Feelings and Emotions

Teaching Our Children About Feelings *(38 mins., video only).* Presents a lively discussion between several young teenagers and author/psychologist, Dr. Robert Firestone, about competition, anger, and other "unacceptable" feelings, and the importance of acknowledging and being responsible for one's feelings. *The Glendon Association.*

When Things Get Tough: Teens Cope With Crisis *(36 mins., filmstrip on videocassette and 3 filmstrips and 3 cassettes).* This program helps teenagers understand that feeling bad when something bad happens is normal and that the crisis will pass. It teaches a four-step technique for coping with stress. Teacher's Guide. *Sunburst.*

A Story of Teen Depression *(32 mins., video only).* This video explores the different forms teen depression may take and notes that most young people can be treated by counseling. Helps viewers understand what is important are the feelings that lie behind depressive behavior, the how, why, and what depressed teens feel inside. Teacher's guide. *Sunburst.*

Sexuality

What Guys Want *(16 mins., 16mm/video).* Teenagers of diverse ethnic, racial, and economic backgrounds candidly present their attitudes and feelings about their male sexual behavior. Included in the discussion are: "one night stands," commitment, marriage, virginity, peer pressure, first sexual experiences, contraception, rejection, and fatherhood. *Polymorph Films.*

Acquaintance Rape Prevention Series: The Party Game, the Date, Just one of the Boys, End of the Road *(47 mins., total length of 4 films, video only).* Four short films depict the most common form of sexual abuse among teenagers: date rape. Sexual assault between people who know each other happens at home, at school, on a date, day or night. Most victims are 15-19 years old, and in many cases the incident might have been prevented. Study guide. *Select Media, Inc.*

Taking Charge: Teen Perspectives on Sexuality and Birth Control *(21 mins., 16mm/video).* This program examines the myths and misconceptions that teens hold about birth control and sexuality, and the complex realities they confront in seeking to deal with this new aspect of their lives. *Fanlight Productions.*

AIDS

AIDS-Wise, No Lies *(22 mins., video only).* Ten young people whose lives are affected by AIDS reveal their thoughts, feelings, and experiences. Their stories break through the youthful sense of invulnerability leaving viewers with the understanding they have choice and control over contracting AIDS. Study Guide. *New Day Films.*

Sex, Drugs and AIDS *(18 mins., video only).* This pioneering film, hosted by Rae Dawn Chong, tells young people what they need to know to avoid getting AIDS. Video describes what AIDS is, how it can and cannot be transmitted, and provides peer support for modifying at-risk behavior. Also promotes understanding of those who are infected with the AIDS virus. *Select Media, Inc.*

Teen Parenting

His Baby, Too: Problems of Teenage Pregnancy *(37 mins., 3 filmstrips or 3 filmstrips on videocassettes).* The often-ignored rights and responsibilities of the young expectant father as well as his legal and moral obligations are examined. Includes discussion of shared birth control, how stereotypes of teenage fathers differ from actuality, and the potential impact of marriage, single parenthood, or adoption. Teacher's guide. *Sunburst.*

Meet a Teenage Mother *(18 mins., video or filmstrip and cassette).* 17-year old Lori became a mother at 15. Video documents her story to offer a revealing look at the problems faced by a teenage single mother. Details support received from her parents, high school day care, social difficulties with her peers, and a personal message to other teenagers. Teacher's guide. *Sunburst.*

Four Pregnant Teenagers: Four Different Decisions *(51 minutes, 4 filmstrips/cassettes or video).* The difficult decisions faced by unwed, pregnant teenagers are discussed: adoption, single parenthood, marriage, and abortion. Program provides opportunity to consider the emotional, ethical, and financial problems involved in these options. Teacher's guide. *Sunburst.*

I'm Not Ready for This *(18 mins., video only).* Program identifies and promotes discussion on the issues, challenges, and options for teen parents. Helps them deal with the problems and opportunities, and encourages teens who are pregnant or new parents to finish school and obtain good health care for themselves and their child. *Intermedia.*

Teens and Family Life

Teen-Parent Conflict: Making Things Better *(30 mins., video only).* Helps teenagers understand the nature of parent-child conflict and shows specific techniques for resolving prob-

Video/Film Distributors

Committee for Children (206/322-5050)
172 20th Avenue, Seattle, WA 98122

Davidson Films, Inc. (916/753-9604)
231 "E" St., Davis, CA 95616

Fanlight Productions (617/524-0980)
47 Halifax St., Boston, MA 02130

Illusion Theater (612/339-4944)
528 Hennepin Ave., Suite 704, Minneapolis, MN 55403

Intermedia (1-800/553-8336)
1600 Dexter Ave. North, Seattle, WA 98109

New Day Films (212/645-8210)
121 W. 27th St., Suite 902, New York, NY 10001

Polymorph Films (1-800/223-5107)
118 South St., Boston, MA 02111

Pyramid Film & Video (213/838-7577)
Box 1048, Santa Monica, CA 90406

Select Media, Inc. (212/431-8923)
74 Varick St., Suite 305, New York, NY 10013-1909

Sunburst (1-800/431-1934)
101 Castleton St., Pleasantville, NY 10570

Terra Nova Films, Inc. (312/861-8491)
9848 S. Winchester Ave., Chicago, IL 60643

The Cinema Guild (212/246-5522)
1697 Broadway, New York, New York 10019

The Glendon Association (213/552-0431)
2049 Century Park East, Suite 3000, Los Angeles, CA 90067

Walt Disney Educational Media Co. (1-800/635-7345)
11 Quine St., Cranford, NJ 07016

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lems. Deals with the key issue of trust and teaches the skills of negotiation. Teacher's guide. *Sunburst.*

Coping with Family Changes *(37 mins., Filmstrips on videocassette or 3 filmstrips and cassettes).* Presents examples from nuclear, single parent, stepparent and blended families to help teenagers see how all kinds of families face and overcome changes in structure and relationships. Encourages all family members to define their roles and express their problems. Teacher's Guide. *Sunburst.*

The Teen Years: War or Peace? *(40 mins., two parts, video only).* Combining spirited animation, live-action footage of parent discussion groups, and practical advice from a clinical psychologist, this two-part program suggests workable solutions to common conflicts. Helps parents handle problem situations such as messy rooms, chores, curfews, peer pressure, drugs, sexuality, and bad grades. *New Day Films.*

One to One: The Generation Connection *(24 mins., video only).* A group of 16- to 18-year-olds come face to face with seniors for the first time. The two groups explore many issues including their perceptions about the role of both older adults and teens in society, the generation gap, self-esteem, goal setting, family issues, death, and the aging process. Viewer's Guide. *Terra Nova Films, Inc.*

Suicide/Death

A Desperate Exit *(48 min., video only).* Malcolm-Jamal Warner portrays 17-year-old Charlie, a popular teenager with a compulsion toward perfectionism and a fear of failure. His suicide devastates and confuses everyone—especially his best friend, Jed, who moves from shock to anger to frustration as he tries to answer questions about Charlie's death. The importance of communication is stressed. *Intermedia.*

Before It's Too Late: A Film on Teenage Suicide *(20 mins., 16mm/video).* Film teaches students how to spot suicidal behavior in their friends, and stresses they can actually save a life by being a supportive friend. While other films have dealt with the tragedy of teen suicide, this film is unique in offering preventive measures. *Walt Disney Educational Media Company*

Drugs and Alcohol

15 and Getting Straight *(48 mins., video only).* Video is set in the adolescent ward of a Chemical Dependency Unit and graphically depicts several weeks in the lives of six young adults. Offers an inside look at the ravages of teenage substance abuse. *Intermedia.*

Picking up the Pieces: Living with Alcoholic Parents *(48 mins., video only).* 16-year-old Patty's mother is an alcoholic and her father is into heavy denial. No one talks in the family and Patty is trapped in the cover-up. Viewers see everyday agony and pain eating away at her trust and self-esteem. A friend introduces Patty to Alateen, a support group for teenage children of alcoholics where she finds she is not alone or unique. *Intermedia.*

Flip Tops *(26 mins.,).* Teenagers are under enormous pressure to be a part of our drinking society. This film points out that the examples of parents, the media, and peers all conspire to make it easier to go along than abstain; viewers watch two young teens learn to say "no" to alcohol. *Fanlight Productions.*

All the Kids Do It *(21 mins., 16mm/video).* Statistics indicate that 50 percent of all fatal traffic accidents involve alcohol and that teenagers have the highest proportion of alcohol-related vehicular deaths. *Program dramatizes* these dangers from the teen point of view and helps young drivers to realize that they must take responsibility for their own safety and that of others on the road. *Pyramid Film and Video.*

Sexual Abuse/Prevention

No Easy Answers *(32 mins., video only).* Video addresses issues about sexuality and examines abuse prevention and protection skills including differences between nurturing and exploitive touch, root causes of sexual abuse, incest, male victims, and messages from the media and advertising. Viewer's Guide. *Illusion Theater.*

Choices *(53 mins., video only).* Laurie is 15, smart, well-off, and she's on the street. She is a victim of sexual exploitation at home and is drawn into the manipulation and violence of the street. *This video depicts a girl trapped in a* spiral of victimization and models the skills that allow her to escape. *Committee for Children.* ☐

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Children and Television: Natural Partners

■ **Merrow** *Continued from p. 15*

major characters, which required them to know the play well enough to testify accurately. Other students served as attorneys, with the principal as the judge. However, this was a large class, and there weren't enough parts to go around, meaning that some kids had less interesting jobs. But introduce a video system, and a whole new dimension emerges. Newscasters could deliver regular reports on the trial (careful writing required); a panel show could provide a forum for interviewing the defendants (more careful study of the play required); technicians would tape and edit the proceedings, and so on. Some curious students would no doubt end up analyzing the play and perhaps comparing it to "LA Law" or one of the daytime soaps. Everyone would learn important lessons about the cooperative nature of television production, and about Shakespeare's play as well.

Before we moved on, we'd probably try our hands at acting (and videotaping) some of the scenes and speeches. I'd have students watching different actors on their favorite shows to figure out where the camera was, and why. They'd be thinking, writing, and learning.

Years ago, a blue-ribbon panel recommended five sensible objectives for realizing the educational potential of television. (The careful reader will recognize that Christopher Whittle must have based his controversial "Channel One" 12-minute news programs with commercials for the captive audience of high school students on these concepts.)

- Availability. Broadcast children's programs when they're watching television.
- Diversity. The range of content, style, and subject matter should be as broad as a child's curiosity and needs.
- Selectivity. Television should not try to be everything but should do what it does well.
- Focus. Make different programs for different age groups.
- Innovation. Take chances, experiment, explore new concepts.

I suggest a sixth objective: Access. Children ought to have access to information about how television is made and to the TV-making equipment itself. Access invites inquiry and encourages curiosity and creativity. I call it access so as not to scare anyone away, but I am really talking about making sure that young people have power over their own learning, with the guidance of trained professionals. Actually, all I am doing is recognizing ways in which TV is important, even central, to young people. It's time to recognize that television, the most powerful medium of mass communication ever invented, is also a wonderfully effective means of fostering cooperation and acknowledging individuality. ☐

John Merrow is Education Correspondent for the MacNeil/Lehrer Newshour on PBS. Before joining the Newshour in 1985, he produced and hosted "Options in Education" on National Public Radio from 1974 to 1982 and "Your Children, Our Children" on PBS in 1984. A former public school teacher, Merrow has degrees from Dartmouth, Indiana, and Harvard. Married with four children, he lives in New York City. Currently a member of the Family Resource Coalition's Advisory Committee, Mr. Merrow previously served on FRC's Board of Directors.

by Irene Beck

A Preventive Mental Health Approach to Adolescents and Their Families

The face of American families is changing. According to the Bureau of Labor Statistics, among mothers whose youngest child is between 6 and 13 years old, nearly three-quarters work. One in every four children today will spend at least part of their childhood in a single parent home.

The problems facing adolescents seem to be growing more serious. The National Center for Health Statistics reports that every 78 seconds an American teen ager attempts suicide. Every 90 minutes, one completes it. Every 31 seconds an adolescent becomes pregnant. Nearly half of all high school seniors have used an illegal drug at least once, and almost 90 percent have used alcohol—some on a daily basis.

And family life is more fragmented. Conflicting demands of work and home, shifting roles and responsibilities, differences among individual family members' needs, limited time and energy all combine as potential obstacles to be overcome.

Tackling these challenges requires communication, yet discussions with and about adolescents can often be emotionally charged. Although frustrated adults may feel that their teens are out of reach and not listening, the Education Center of Sheppard Pratt Hospital in Baltimore has found that they can indeed be reached.

No Hang-Ups! is an innovative, and perhaps unique, mental health program designed for teens by the Education Center. Through a telephone call-in service, teenagers can listen to any one of thirty-five audio tapes on topics of vital importance and interest to them. The phone provides a trusted, yet private and confidential way of getting information and education.

The premise of No Hang-Ups! is simple and effective. It offers teens information that is substantive, relevant, and accurate. The materials for each four-minute tape were developed by clinical professionals and reviewed by representatives of more than fifty local and national community organizations related to children and families. High school students served as peer consultants, offering a critical viewpoint in the review and selection of topics.

Tape subjects range from sex to friendship to communicating with parents. While these are more typical concerns, some weightier ones include what to do when your parent drinks too much, or when your parents can't help, or dealing with gangs and violence. Ten of these topics cover urban problems and additional serious ones requested by callers.

When the program was launched in a two-month pilot phase in spring 1987, more than 32,800 callers responded. In 1988, the program was introduced in Cleveland by its United Way; over 10,000 calls are received each week, with an average of 1,500 busy rings. These results speak to the need for a sound prevention approach which works to show young people: how to talk with others about topics of concern; how to find more information about problems of interest to them; and that their feelings are natural, shared by many other teens, and understood.

Sheppard and Enoch Pratt Hospital and Health System is a 322-bed psychiatric, nonprofit hospital and education center. For twenty years, it has provided psychiatric care for children and adolescents and is considered a leader in their treatment. Among its special services is the Forbush School for child and adolescent patients and day students, which enables each student to have an individual education and treatment plan.

However, the focus of No-Hang Ups! is educational, not clinical. As is generally recognized, breakdowns in family communication can lead to serious adolescent risks. Preventive education is seen as a way to help teens in their search for answers and in their struggles to relate to their families.

Callers learn about No Hang-Ups! through flyers, bookmarks, and posters available in schools, libraries, and community agencies. Initially, public service spots were aired on WJZ-TV, a local Baltimore television station, as part of its *For Kids' Sake* campaign which focused on the importance of communication between adults and children. Word-of-mouth through the schools and among teenagers has been so widespread that, while the TV spots were helpful, they were not seen as essential in getting the message out to teens. Teachers have assigned listening as homework, and built class discussions around topics such as "Handling Anger."

The program offers anonymity, posing no risk of embarrassment for a caller seeking information on emotionally charged issues. Each tape recommends further reading on that particular topic. Local libraries have been tremendously supportive in having these books and others related to the telephone topics on special display.

No Hang-Ups! is not a hotline. A prior concern that teens might call in need of immediate help did not prove to be significant. During the pilot phase, telephone operators referred eighteen callers to Maryland's First Call for Help, a crisis intervention program, or to Sheppard Pratt's outpatient program.

As one might expect, the highest interest was in tapes dealing with sex: "Thinking about Sex," "Falling in Love," "Homosexuality," and "Teen Pregnancy." More than half of the callers were interested in a variety of other topics: "Getting Your Parents to Listen," "School—When They Say You Can Do Better," "Friends—How to Make One, How to Be One." While the demand was not as high for some topics, such as "Being Abused" and "How to Ask for Help," those seeking this information need as much access to education as possible.

An important booklet, *In Tune with Teens*, was written for parents to explain the tape contents and to suggest ways of discussing frequently touchy subjects. Two printings of 8,000 copies each were distributed to individuals and organizations including school guidance offices, parent organizations, churches, counseling agencies, and youth and family organizations. The booklet also stands alone with clear, helpful facts and resources for parents. Individual copies from a third printing are now available; see ordering information below.*

Despite the enormous concerns adults have for today's adolescents, teens are definitely willing to listen. Difficult as the barriers to communication might be, parents are looking for ways to reach out and understand their teenagers. Innovative preventive mental health programs can provide an effective tool in building vital bridges within families. ☐

Irene Beck, Ed.D., works in the field of mental health education. She writes a nationally syndicated news column on families, moderates and produces educational teleconferences, and designs innovative programs for parents and educators related to child and adolescent issues. Dr. Beck is a staff consultant to the Family Resource Coalition.

* *Copies of* In Tune with Teens *(88 pages) cost $3.50 each + $.25 postage. Make checks payable to Sheppard Pratt NCHD (National Center for Human Development) and mail to: Careen Mayer, Director, Sheppard Pratt NCHD, 6501 N. Charles St., P.O. Box 5503, Baltimore, MD 21285-5503 301/938-3929.*

■ **Scales** *Continued from p. 3*

The Positive Possibilities of Young Adolescents

Then too, we are rightly concerned about early sexual experiences and their possible outcomes of pregnancy, AIDS, and STDS. However, we tend both to overestimate the frequency of youthful sexual activity and underattend to issues that sexual activity can mask: for some, the searching for intimacy in a largely impersonal world; for others, the reaching for hope in a world filled with apparent bleakness, and other expressions of the need for us, as human beings, to make connections with others. All of these underlying concerns are cooked up in the crucible of peer pressure to have sex, according to a 1986 Harris poll.[15] In our most progressive health education classes in the middle grades, we may cover saying "no" and contraception, but even in these classes it is rare to help young adolescents deal with the psychology of love and understand how it motivates their own and others' behavior.

Opportunities For Optimism

Our adult expectations based on this incomplete and broad portrait have the effect of blinding many of us to the positive possibilities of young adolescents. By describing the preoccupation with self as a given for all in the age group, we may then be less able to see the desire and reality of young adolescents giving to others and bettering their communities. In more than a dozen U.S. communities, for example, there is a program called Kidsplace, in which governing boards of 11- to 15-year-olds collect data on the condition of their communities from a young person's perspective, and work with community leaders to do something about problems they find.[16]

In the Early Adolescent Helper Program started at the City University of New York, Joan Schine and her colleagues place young people in senior citizen programs and Head Start centers.[17] Data show that the Head Start children who have early adolescent helpers increase their "prosocial" behavior, such as asking for help. Yes, it may be true that most young adolescents worry a lot about their looks, but sizeable numbers also worry about hunger and other social problems, and many do something about that concern, according to the Search Institute study.

Adolescents can also lead others and develop excellent ideas that solve social problems. Young people in middle grades in scores of cities around the country have been trained to serve as conflict managers in their schools, preventing fights and settling disputes rationally.[18] The Future Problem Solving Program (a national program based in North Carolina) includes thousands of young adolescents in its activity of generating messy and complex social problems that may occur and asking young people to propose solutions.[19] Numerous young adolescents are journalists for Children's Express, a national organization which assigns young people to interview leading political figures, cover important social stories and report in newspapers throughout the country under their own bylines.[20] We miss enormous opportunities in thinking that these activities are only for the gifted adolescent.

We in this country have created our picture of young adolescents from a mass of research and popular description based on an experience that is exclusively that of U.S. citizenship, largely that of a white, middle or privileged class. The experiences and development of immigrant adolescents, gay and lesbian adolescents, adolescents with disabilities, and adolescents living in institutions, among others, are not well represented in our broad picture of early adolescent development. As a result, we have an extraordinarily limited view of the great variety, in our country and globally, of the early adolescent experience. Our dim appreciation of this variety is akin to the ignorance so many in the U.S. have for the economic conditions in which most of the world's people live, conditions against which all but the poorest of our poor would be considered relatively well-off.

I am not suggesting that we should or can ignore the problems apparent among a sizeable number of our young, only that as parents, educators, policymakers, and concerned citizens, we might try to accentuate the positive possibilities more and be wary of our tendency to generalize to the many from the experience of the few. Perhaps that is harboring an overly optimistic view of things, but the alternative is despair. I like what Shelley Taylor, a psychologist at UCLA, said in her book, *Positive Illusions* (Basic Books, 1989). She made the case that looking at life's glass as half-full rather than as half-empty is not a sign of pathology. Rather, she insisted, those who are "normal" tend to exaggerate how competent and well-liked they are, while those who are depressed tend to exaggerate the negative and focus on things that are out of their control.

Perhaps we adults need to nurture more of these "normal" optimistic illusions in order to allow the positive possibilities of young adolescents today to become the happy realities of tomorrow. ☐

Peter Scales, Ph.D., is Deputy Director of the Center for Early Adolescence, University of North Carolina at Chapel Hill, and is a frequent contributor to national publications. The Center, an FRC member, works to promote the healthy growth and development of young adolescents in their homes, schools, and communities by providing information services, research/demonstration projects, training, leadership development, and advocacy for those who can have an impact on 10- to 15-year-olds.

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■ **Small** *Continued from p. 5*

Developing Support Programs for Families with Adolescents

poor level of funding currently available for prevention programs in general, a condition that is further exacerbated by the lack of evaluation data demonstrating the positive effects of these programs. A fifth obstacle is the inability of programs to attract the participation of high-risk, hard-to-reach families, especially at a time when policymakers and funders want assurances that programs are reaching families in greatest need. A sixth hurdle is the lack of communication between practitioners who design and implement programs and researchers who provide the empirical data on which programs should be based. Finally, there is the question of who will take responsibility for overseeing and providing programs in this area.

However, there are an equal number of reasons to believe that preventive programs offer a promising and cost-effective way to meet some of the needs of adolescents and their families: First, many programs can be purchased, locally adapted, and implemented at a relatively low cost. Second, most programs can be implemented easily in local communities. Third, nearly all programs focus on groups of people rather than individuals, and can thus reach a large number of people rather efficiently. Fourth, the preventive orientation of these programs can help people develop attitudes and skills and gain knowledge that can be useful across a variety of situations. Fifth, preventive programs tend to target environmental conditions that contribute to the formation of problems. As a result, such programs have the potential to change conditions so that fewer problems will occur—not only for the participating child, but for subsequent children in the family and for the wider community as well. Finally, for problems where there exists no known treatment or existing treatment is not very effective, preventive programs provide the most, and sometimes the only, viable solution.

Conclusions

Several broader themes and issues emerge from my review. First, it is apparent that program development activity has far surpassed the level of research and evaluation effort demonstrating program effectiveness.

Second, most existing programs are relatively brief and didactic in their approach, putting more emphasis on parent education than on family support. Preventive programs for families with adolescents need to be more comprehensive in the services and information they provide, create more opportunities for parents to receive support from other parents, and be of longer duration.

Third, the vast majority of preventive programs for families with adolescents are aimed at white, middle class families headed by two parents who are married for the first time. In light of the greater diversity of families in which today's adolescents and their parents live, there is an immediate need for programs to make a more concerted effort to accommodate to or address this diversity.

Fourth, current programs probably work best for families who face few hardships, are under little or no stress, and whose main need is simply more information on adolescent development and general parenting skills. For families under stress, experiencing economic hardship, or whose children are exposed to a multitude of risk factors, such preventive programs alone will probably have minimal impact on the development and well-being of children. For such families, successful prevention efforts must be more comprehensive and address multiple risk and developmental factors. Thus, we must put the programs and the hopes we place on them into a broader perspective.

Finally, preventive programs for families with adolescents have the potential to be a low-cost, efficient way to support some of the needs of families and contribute to the prevention of adolescent problems. However, the field is still in its early stages and is in need of more comprehensive programming approaches, closer links to state of the art research and practice, and better documentation of program processes and effects. ☐

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This article is based on a paper commissioned by the Carnegie Council on Adolescent Development. Copies of the paper, entitled "Preventive Programs that Support Families with Adolescents," are available without charge; write to the Carnegie Council on Adolescent Development, 2400 N Street, NW - 6th Floor, Washington, D.C. 20037 202/429-7979.

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■ **Kramer** *Continued from p. 6*

Communicating with your Children

Next, time, use an "I" statement—own the problem. For example: "Son, I want you to know that I'm feeling badly about the way the house has looked lately. I try hard to make this a home we can all be proud of. I'm also tired after work and I don't need additional work. What I do need is some help from you in keeping your own room cleaner. I realize it's *your* room, but it is part of our home. Could you help me out and keep your room more tidy? I'll help if you want me to and I'm available. Okay?"

These are just a few suggestions on how to enhance, improve, and enjoy your relationship with your children. It's not easy to change overnight—but you will be the ones to benefit in the long run. And "If you always do what you've always done, you'll always get what you've always gotten." You no longer want what you've always gotten. What you do want is the respect you deserve, and the loving relationship you've always hoped to have with your children. It can be yours with just a little work. ☐

Patricia Kramer is a nationally recognized lecturer and trainer, and author of The Dynamics of Relationships, *a guide for developing self-esteem and social skills designed as a preventive program for teens and young children. The program is used in school systems throughout the country and is a valuable resource for parents, counselors, and organization leaders who work with youth. She is president of Equal Partners, an educational consulting firm that conducts training programs, staff development, and workshops for schools, social service agencies, and national organizations. Ms. Kramer is a member of the Family Resource Coalition.*

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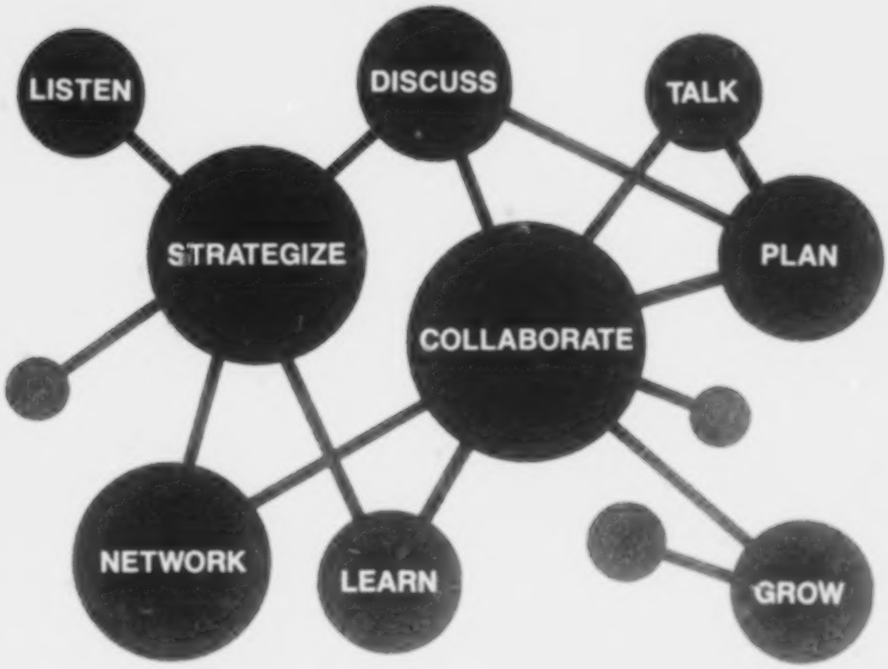

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Acknowledgement: Our gratitude and kudos to FRC consultant Irene Beck, whose outstanding work in the field of mental health education is used by teachers, students, parents, and practitioners across the country. Her guidance and involvement throughout this issue were invaluable.

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FRC REPORT
Design, JANE BROWN
Typography, SKRIPPS & ASSOCIATES
Printing, BOOKLET PUBLISHING CO., INC.

The ***FRC Report*** is published three times a year in the public interest by the Family Resource Coalition, a tax exempt, nonprofit organization. Membership in the Coalition includes a subscription to the ***FRC Report***. Readers are encouraged to copy and share its content; we request you credit the Family Resource Coalition as the original source of information.
Founded by Family Focus

Family Resource Coalition
Report

Volume 9, Number 2—1990 Building Support and Resources for the Family ISSN 1041-8660

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Building on the Strengths of Communities

■ **by Sid Gardner**

We speak of helping individual children to "maximize their potential from birth." We seek to empower families to thrive. We need to move these ideas up another level on the ladder, to ensure that we are maximizing *communities'* potential for growth and *their* capacity to thrive.

Not surprisingly, the skills of community-building turn out to be some of the same skills needed to help families. Identifying and building on strengths, opening up conflict, valuing what is shared over what divides, pride in culture and national origins, recognizing interdependence while moving toward greater self-sufficiency—all these are traits that help glue a community together. The best programs and the best leaders have applied these community-building skills to the tasks of expanding collaboration at the community level, and have made it work.

The bad news is that the federal government has mostly withdrawn from the business of supporting innovative programs at the community level—except for Jack Kemp. The good news is that this withdrawal has stimulated more creative action at the local level than at any time in the last three decades. The success of many family support programs will be determined by whether they too can work at this level.

Family support programs happen in a community. Sometimes that community is a neighborhood, sometimes a rural area, sometimes an ethnic grouping. But in a strong family support program, community is always where resources and leadership and caring come together—not in response to guidelines or federal dollars, but in response to real problems and real opportunities.

The community level is essential to family support programs for three major reasons. First, community is the level at which most people live, work, recreate with their families, and connect with their neighborhood and friends. Parents live in a community, and their children play and go to school in a community. When a family needs help, sometimes it is because some of these connections aren't working. To ignore the community and try to respond to families as though they came in hermetically sealed containers, fails to take advantage of the strengths of the environment in which they live.

A positive, non-deficit approach can be taken to communities, just as it can in helping families. Finding the strength in a community is the critical first step to community-based prevention programs. The questions that can start the ball rolling are: What are we doing right? What works here? How are we already helping each other?

Second, communities are where resources really come from. Communities can inventory what they are already doing that may help families. For all the importance of children and youth programs in the 1990s, there are only a handful of communities in the nation that can count annually what they spend on children and youth—and even fewer that have developed an annual report card on the well-being of children. As a result, budding family support programs venture forth into a confusing world, with limited data on what is being done to help families, what that help costs, and how well it works.

Some medium-sized communities have found that they are already spending more than $50 million a year on programs to help at-risk youth. One elementary school has documented the expenditure of nearly $10 million each year in total funding for programs that help the students and families in their neighborhood. Yet no agency in that community had ever before documented

Continued on p. 2

Continued from p. 1

what these programs were, or helped teachers and other school personnel to learn how to get help from local and governmental resources. Unless a community understands what is *already* being funded, its argument for *more* resources is likely to be weak.

To be even more blunt, if narrow, program-oriented agency leaders can only think about how to get an extra 10 percent each year to do what they did last year, the added resources we need to help families just aren't going to be there. It is going to take leaders who can think at the *community* level, rather than the agency or program level, to care enough to count.

Caring enough to count means tracking both what is being spent and what happens to children as a result. Today, too many agency heads think too much about the *inputs* for their programs and too little about *outcomes* for the children and families they are funded to help.

It is the community that must ultimately provide the resources for family support programs. Even if a program is *funded* from federal, state, or private sources, the local community can provide a rich variety of other resources needed for the program to succeed. For example, volunteers can be an essential part of family support programs by serving as mentors, Big Brothers/Sisters, or peer counselors. Unused school classrooms, church basements, or facilities from other agencies can be used in housing family support programs that need space of their own.

Third, family support programs need to tie into community dynamics because community is where culture arises. These programs must be culturally sensitive, aware of the conditions in that community and the special strengths and sensitivities of language, staffing, and other vital issues.

In an increasing number of communities, there is no longer any validity to the terms "majority" and "minority." Since 1988, for example, the California public school system no longer has a majority population—everyone is a minority, and more than 100 languages are spoken in the schools. Collaboration in such a world requires different skills than in a simpler, one majority-one minority framework.

What Can We Learn from Recent Efforts to Develop Community Collaboration?

What does it mean for a community to be healthy and to thrive? In Pasadena, California, a "Healthy Cities" coalition has begun developing a "quality of life index" as a way of annually measuring what is really happening to the groups in that community who are most at risk. A community that doesn't care enough to count what happens to a set of key indicators of children and families—and almost none has such annual indicators today—has no way of knowing whether overall conditions for children and families are getting better or worse.

In primary health care centers, comprehensive child care and family resource centers across the nation, new forms of interagency collaboration with parents have emerged. Parents can be seen narrowly as the target for family support programs, or more broadly as some of the community's most basic and influential resources for helping to expand support for such programs. The broader view is one that builds on community.

We've also learned that sometimes working at the community level can slow down programs. The NIMBY—Not in My Back Yard—syndrome is a phenomenon in which a community rejects a proposed facility for at-risk youth or other perceived "undesirables". Careful dialogue within communities is needed to ensure that collaboration does not come at the expense of the community's own rights to be consulted.

Community is also the level where turf boundaries come up—where what one agency does and the way it does it and who pays for it may bump into what another agency cares most about. Community, then, is the level at which real partnerships need to be negotiated. State and federal mandates for collaboration can endorse the idea of cooperation among community-based programs, but unless the leaders of those organizations want to do it down at the community level, it isn't going to happen.

One of the clearest lessons of these collaborative efforts is the certain failure of cookie-cutter models—the kind that assume the same program can be implemented in every community. Unless those who are the most affected by day-to-day changes have some real say in developing those changes—collaboration that is imposed from the top of the school district or from City Hall or the County Board simply will not last.

In conclusion, the community level of collaboration is where it all happens. The principles of effective community-building include many of the same principles needed for effective family support programs. Trusting a community to help itself, and equipping it to do so, can release a storehouse of energy that will be one of the most important social policy resources of the 1990s. In such an era, the role of the higher levels of government may simply be getting out of the way and letting local leadership take the reins. ☐

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Frank Farrow, Chairman
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Community, Collaboration, and Family Resource Programs

The themes of "building community" and "promoting collaboration" emerge in this issue of *The FRC Report* in several forms. Sid Gardner refers to the many stakeholders who share in community service systems, and challenges programs to make full use of their communities. Charles Bruner outlines the varied types of intergovernmental and interagency collaboration that are essential for establishing strong human service systems. Program snapshots from localities as diverse as Olympia, WA, Memphis, TN, and Marshalltown, IA, portray different communities' collaborative strategies to help families.

Amid this growing recognition of the importance of communities and the value of collaboration, family resource programs are making a unique contribution. At the heart of these programs is a type of community rarely discussed in the literature: the community of parents and families that make up every successful program. Equally unusual and essential is the collaboration that gives our programs their reason for being: the collaboration between parent and parent, between parent and staff, and between parent and surrounding community. The concepts of community and collaboration are not just attributes of family resource programs, but qualities that are embodied in every aspect of their design and operation.

This embodied collaboration is one reason family resource programs have much to contribute, not only to individual communities but to the broader reform movements that are underway in the fields of education, social services, mental health, welfare reform, and other human services—as Katherine Briar indicates in her article. While some other services are now striving to recapture a sense of community, family resource programs have never lost it. Whereas some programs struggle now to establish collaborative ties, strong family resource programs have them by their very nature.

Using these characteristics to the fullest, family resource programs can serve as the basic community building block for a wide range of human service systems. One of the many challenges for these programs in the years ahead is to help policymakers understand how, through adopting these family resource and support principles and characteristics, they can more effectively serve the nation's families and children. ☐

by Charles Bruner

State Policymakers Support Collaboration at the Service Level

Over the last several years, state and national policymakers have become increasingly aware that the child-serving system their funding created is fragmented. It is a system that does not easily communicate across disciplines, even when several different disciplines are actively involved in working with the same family. Rather than treating the family as a whole, the system addresses specific presenting problems of individual family members.

Policymakers also recognize this fragmentation creates several problems. First, it requires families, often in stress and able to command few resources, to take the initiative in identifying and locating the services to which they are entitled. Family members must then somehow place the discrete services and counseling they receive into a context that can unify their family.

Second, to the extent that families or their members are involved in several systems, resources are wasted in duplication as each system develops its own assessment of the family and establishes a relationship with the family member being served. Third, it creates a variety of eligibility conditions that usually require the family to be in crisis before they can receive services, even when it's obvious the family needs support and, without that support, is headed for crisis.

To address these problems, state and national policymakers have increasingly called upon agencies and systems to "collaborate." A variety of policy initiatives have required the development of interagency advisory committees, or task forces, as a first step to receiving new program funds. Some have gone further by making collaboration a condition for individual agencies to get operational funds. These "first generation" responses by policymakers may help agencies to build relationships if there is sufficient authority and responsibility placed within the interagency group to encourage active participation. At best, however, such policy initiatives only begin the process toward developing a more family-centered, child-serving system.

There are also far-reaching and promising "second generation" approaches to collaboration, developed at the state level, that start from a very different perspective than "first generation," top-down methods. In these approaches, collaboration (involving the development of shared goals and agreed-upon responsibilities) is supported at four organizational levels: First, it is sought at the family-line worker level, for the worker to operate in partnership with the family and build upon the family's strengths and capacities. Second, it is sought within the line worker's agency, so the line worker is supported in his or her efforts with the family. Third, it is sought among line workers in different agencies, so referrals are not a transfer of responsibility but requests for support from a teammate. Fourth, as with "first generation" approaches, it is sought at the agency and department level, to assure the system provides incentives and support for collaboration at each of the other levels.

In short, collaboration in these programs is not simply a top-down planning process. It is one in which everybody becomes a stakeholder in achieving the goals that have been identified for families in partnership with the families being served. The challenge for policymakers is to provide support and guidance from above that will produce this collaboration at the service level.

Several such "second generation" approaches are described here, illustrating the variety of forms that state action can take.

In New Jersey, the state department of human services funds 28 school-based youth services programs which operate in or near middle or high schools characterized by high rates of adolescent problems. These drop-in centers are designed to attract youth and each one provides health, mental health, family counseling, employment, recreation, and other services. Local schools and other youth service agencies cooperatively develop grant proposals, and focus groups of students are involved in program design. The state department provides substantial guidance and technical assistance to schools, but limited top-down bureaucratic reporting requirements. The grant process emphasizes local ownership and cooperation and the programs are broadly used by students and their families.

In Maryland, state government has consistently expanded its funding for "family support centers" and has allowed an intermediary—Friends of the Family (FOF)—to provide program oversight and guidance. These drop-in centers primarily serve pregnant and parenting teens, but provide a broad array of options and services for them depending upon local needs. FOF serves as a collaborative network for the centers both to state government and to individual state agencies, and helps the centers build strong relationships within their communities.

In Iowa, four counties have been given the authority to merge thirty different funding streams that serve families in the child welfare and juvenile justice systems into a single child welfare fund. Under a local governance structure that includes the juvenile court, the county, and the local branch of the state department of human services, a new "decategorized" child welfare budget has been developed that seeks to provide for a family-centered (as opposed to funding-stream driven) system of serving children and families in the child welfare and juvenile justice systems. With technical support from the state, each local governance structure has reshaped its child welfare budget to provide more high intensity, early intervention services for families, including family preservation and reunification services. Line workers are provided support, including some flexible funds, to design plans for their clients on the basis of family needs rather than fundable services, and to help families set goals for themselves.

These are just three examples of state-level initiatives to foster service-level collaboration and the number of "second generation" programs is growing. Although different in target populations, they share a crucial common perspective: they are not simply top-down dictates. Rather, they provide guidance and goal direction at the state level while supporting and encouraging community ownership of the actual program design.

Giving up this hierarchical control at the state level is not easy. Yet in each of the states cited—New Jersey, Maryland, and Iowa—state-level officials themselves take deserved pride in the programs and in their roles in facilitating their development. Without this state-level support, even the best collaborative ventures at the local level are unlikely to be able to sustain themselves amidst the sea of state and federal regulations to which their funding resources are tied. ☐

CHILD & FAMILY
POLICY CENTER

Charles Bruner is a state senator from Iowa and Executive Director of the Child and Family Policy Center, an Iowa-based nonprofit research and policy center. A more extensive analysis of the New Jersey and Iowa programs is found in his article, "Is Change from Above Possible: State-Level Strategies for Reforming Street-Level Services" (paper presented to the American Public Policy, Analysis, and Management Annual Conference, 1989). A more general discussion of the variety of state initiatives that seek integration in service delivery is found in a chapter he wrote on "Collaboration" in Family Policy *(National Conference of State Legislatures, 1989). Both writings are available through the Child and Family Policy Center, 100 Court Avenue, Suite 312, Des Moines, IA 50309 515/243-2000.*

Senator Bruner is a member of the Family Resource Coalition's Board of Directors.

■ by Deborah Stahl

AT&T a Catalyst for Employee—Community Partnerships

AT&T employees are among the many working parents in this country whose lives are complicated by the difficulties of finding high quality, affordable child and elder care. But now, thanks to a new AT&T grant-making program, employees can participate directly in improving their community's family care resources.

The AT&T Family Care Development Fund is a three-year, $10 million grant program that will support community-based projects that increase the supply and improve the quality of child and elder care services available to AT&T employees where they live and work.

The Fund is one of ten work and family initiatives resulting from a groundbreaking labor contract signed in 1989 by AT&T, the Communications Workers of America (CWA), and the International Brotherhood of Electrical Workers (IBEW). The Fund began accepting child care proposals in January 1990, and will be accepting proposals for both child and elder care in 1991 and 1992.

Addressing Diverse Needs

AT&T's business is information movement and management—providing quality products, systems, and services to diverse markets in the United States and around the globe. The company's 265,000 employees work in thousands of United States locations and are in many ways a microcosm of society, with all of the diversity that implies. The family care needs of employees are also diverse. Obviously, no single solution can address them all. The Family Care Development Fund was designed with the flexibility to address this wide variety of needs.

Another consideration went into the design of the Fund—the willingness of AT&T employees to participate in developing solutions to their family care problems. For a number of years a grassroots movement has been growing among AT&T employees. Not satisfied with the resources available to help them balance their responsibilities at home and at work, they organized informally to address work and family issues. As advocates for corporate support, they played a key role in pushing the development of AT&T's work and family programs. With the Family Care Development Fund, employees now have the opportunity to turn their energy and enthusiasm into projects that will not only benefit them and their co-workers, but also their communities.

Employee involvement is at the heart of the Family Care Development Fund's activities. Although selected national projects may be funded, the majority of grants will be given to community-based programs. The family care needs of AT&T employees will drive the Fund's activities, but community support will be an important by-product.

All grant proposals for local projects submitted to the Fund must be sponsored by an AT&T employee or group of employees. The employee sponsors play a key role. As local liaisons for the Family Care Development Fund staff, they help assess the family care needs of local employees and reach out to community organizations to help develop projects to respond to those needs. When a project is funded, the sponsor provides ongoing feedback on the project's success.

Funding guidelines were developed to be as flexible as possible to encourage creative local programs. The Family Care Development Fund is looking for projects that increase the supply of care such as child care center expansions, development of programs for school-age children, and recruitment of family daycare providers. The Fund is also looking for quality improvement projects such as training for daycare providers, accreditation programs, and provision of learning supplies, toys, books, and safety equipment.

The Fund does not provide basic operating support for community programs. Projects must be developmental—there must be an ongoing benefit to the community beyond the funding period. Direct service projects, those that result directly in more and/or better child care, are favored over indirect projects such as awareness campaigns and support groups.

First Grants Awarded

The Family Care Development Fund announced its first grants in June, 1990. A total of almost $200,000 was awarded to seven projects in six states:

- Two child care center expansion projects, one in Monmouth County, New Jersey, and one in Elon College, North Carolina, were each awarded grants of $35,000.
- Four grants were given to family daycare projects that improve quality through training, education, and establishment of lending libraries for educational toys, books, and learning supplies. The projects—in Atlanta, Kansas City, Richmond, and Salt Lake City—were funded at about $30,000 each.
- An afterschool program in Mendham, New Jersey received a $4,000 quality improvement grant for staff training, educational equipment, and art supplies.

Proposals are accepted throughout the year and funding decisions are made quarterly. As awareness of the Family Care Development Fund grows among both employees and family care providers, the amount of grants awarded quarterly is expected to rise.

Partnerships Enhance Creativity

A close look at the development of one of the first grants shows how employees are

Child care centers in communities where AT&T employees live and work—like the Summit Day Care Center in New Jersey—can look to the Family Care Development Fund for support of expansion or quality improvement efforts.

participating in building local coalitions. In Utah, AT&T has long been actively involved in child care issues. A number of Utah employees in that state belong to one of the twenty-two chapters of a grassroots organization called the Working Parents Support Network.

When the Family Care Development Fund was announced, the group surveyed AT&T employees in Utah to determine their child care needs. The survey showed that most employees' children were being cared for by friends, relatives, or family daycare providers with minimal training in early childhood development. Therefore, quality was a key concern.

The group then began looking to the community for a credible organization with a history of involvement in child care quality. A local branch manager served on the board of such an organization—the Coalition for Utah's Future. A natural partnership emerged. As the project developed, AT&T employees worked on researching needs and developing solutions with family care providers, child care advocates, and the Utah Governor's Commission on Child Care.

Their work resulted in a proposal for a training program aimed at both parents and providers. Using a curriculum developed by Brigham Young University, the training is conducted in a moveable resource center that provides an environment in which parents, care providers, and children can learn together. The training covers topics such as how children learn, developmentally appropriate interaction and activities, language and literacy, discipline and guidance, and parent/provider partnership.

The community partners have already developed plans for outreach efforts to make similar programs available to other Utah communities.

Projects such as this one illustrate the benefits of a collaborative approach. AT&T employees benefit from the development of new programs within their communities. And, with corporate support, nonprofit organizations, government agencies, and academic institutions can offer their resources to a wider constituency. By bringing together organizations with a variety of viewpoints and concerns, partnerships can also enhance creativity.

Other AT&T Initiatives

The Family Care Development Fund is one of ten programs launched in 1990 to help employees meet their obligations both inside and outside the workplace. The programs provide information and support, financial options, and flexible work arrangements.

Highlights of the work and family programs include:

- A **nationwide child care resource and referral** program to help employees locate high quality care and become educated on how to best recognize, locate, and use community services.
- An **elder care consultation and referral** program (to begin in 1991) to help employees locate, evaluate, and manage care for their dependents age 60 or older.
- An **employee assistance program, expanded to include immediate family members,** helps employees with medical and behavioral problems such as emotional distress, physical illness, alcoholism, drug abuse, marital or family difficulties, and other stressors.
- **Adoption assistance** provides up to $2,000 to offset expenses associated with legally adopting a minor child.
- A **child/elder care reimbursement account** allows employees to set aside up to $5,000 a year in pre-tax dollars to pay for child or elder care expenses.
- The **flexible excused workday** allows employees to take time off in short increments—two hours or more—to deal with unforeseen situations such as a child care provider getting sick or a car not starting.
- **Expanded leave for the care of a newborn or newly adopted child** allows employees to take up to twelve months unpaid leave with a guaranteed reinstatement to the same or equivalent job at the end of the leave. The company covers the cost of medical, dental, and vision care benefits for the first six months of the leave, and employees can pay to continue through the end of the leave.
- A new **family care leave** allows employees to take up to twelve months unpaid leave to care for a seriously ill family member. It, too, guarantees reinstatement to the same or equivalent job and the same benefits apply as with parental leave.

With these wide-ranging programs, AT&T is accommodating a changing workplace. The rapid growth of dual income and single parent families, among other economic and cultural changes, has created the need for greater job flexibility and enhanced family care services. Work and family issues have become competitive business issues.

With its Work and Family Programs, AT&T is helping employees ease the pressure of juggling work and home responsibilities. And through the Family Care Development Fund, by helping employees help themselves, the company is also contributing to the supply and quality of family care in the communities where AT&T people live and work. ☐

Deborah Stahl manages work and family programs at AT&T and serves as Director of the Family Care Development Fund. Questions about the Fund and project proposals can be directed to: AT&T Family Care Development Fund, 1 Speedwell Avenue-East, Morristown, New Jersey 07962.

AT&T

And Beyond...

AT&T's support for families does not only extend to its own employees. The company's major philanthropic arm, the AT&T Foundation, has committed $2.25 million over three years to family strengthening initiatives in ten American metropolitan areas: Washington, DC, Newark, NJ, Plainfield, NJ, Atlanta, Chicago, Los Angeles, Oakland, CA, Dallas, Detroit, and Denver.

The beneficiaries of this philanthropic program are teenage parents and their families. Recognizing that today's children are tomorrow's workforce, the AT&T Foundation is directing comprehensive support to families headed by teenagers.

Addressing the multitude of pressures confronting teen parents, the AT&T Foundation targets virtually every challenge they face. It begins by ensuring that pregnant teenagers receive comprehensive medical care, and that medical and health assistance continues through the post-natal period.

AT&T Foundation support helps teenage parents learn parenting skills, and it ensures the provision of daycare for children so that young parents can attend school and obtain a degree. AT&T also supports extensive job skills training aimed at career planning and avoiding welfare dependency.

AT&T's family strengthening initiatives are characterized by widespread community involvement, including schools, nonprofit service organizations, and state and local government agencies. In most cases, the AT&T financial support is supplemented by the commitment of AT&T employees, who volunteer their time and services as mentors and tutors.

Establishing partnerships with existing community-based groups and institutions is an important step in ensuring that the initiatives will be sustained for the long term, and that they will gain sufficient momentum to attract continued financial support. By becoming the catalyst for such coalitions, AT&T hopes to make an important contribution to helping strengthen the capacity and future of America's youth. ☐

by Katharine Hooper Briar

Transforming Human Services with Family Support Principles

Denise has just been investigated by Child Protective Services for abuse and neglect; she was referred by the school on numerous occasions for bruises on her children, their acting-out behavior, hunger, and poor school performance. She lives in a one-room apartment, lacks sufficient funds for a washer/dryer, and thus her children are teased in school for their unkempt appearance. From time to time she is abused by her ex-boyfriend. Increasingly, her depression and isolation have led her to use drugs, while her dream of getting a good job seems more and more elusive.

The thousands of Denises in the U.S., many of whose children comprise the 500,000 or more in out-of-home placement, are constant reminders that services to families and children are provided too late, only after children have been harmed, not when family needs are first evident.[1] In Denise's case, the fact that she was referred to Child Protective Services is an artifact of the abuse behavior experienced by her children. She could also have been first identified through participation in a women's shelter, in an alcohol and substance abuse program, in a welfare reform program, in a job club, or a self-help group for single parents. However, like Child Protective Services (CPS), each of these service systems would have been constrained by categorical service approaches to focus only on a symptom or a single presenting problem rather than the array of health, educational, employment, and human service needs facing Denise and her children.

Family support and education programs and principles offer an alternative to these more traditional service designs. Based on preventive as well as early intervention approaches, families can, at a minimum, receive more consistent, comprehensive kinds of help regardless of the helper or service.

Transforming Services

Family support principles have a capacity to transform the human service system; this is just beginning to be felt in states and localities experimenting with family support initiatives. In many communities, both public and private sector agencies are shifting from a child rescue to a family preservation and support focus. For example, a CPS worker has been on loan to an Olympia, Washington school to promote a family-based early intervention project. In this project, the school's focus involves in-home services; mutual aid among families; a clothing exchange; job search and parenting classes; and "lunch buddies" for children who may then act as supports for the entire family. The school also serves as a family support center as well as the capacity builder for improved family-centered approaches and case management in the school district. The CPS worker, the supervising juvenile justice administrator, and the school principal all agree that if they could, they would transform the schools, CPS, and the juvenile justice systems to reflect the new discoveries coming from this project.[2]

In states supported by Annie Casey Foundation dollars, policies are being rewritten to reflect this shift in philosophy of human services.[3] Since the current systems of child welfare, law enforcement, public education, and health are seen by some as nearing crisis if not collapse, such alternative approaches offer antidotes to some of the system problems.

Evidence for the success of such models and demonstration projects can be found in a number of sources. The public health outreach and parent support program of Boulder, Colorado, for example, found that among a high risk population served by their project, the normally expected high number of referrals to CPS did not occur.[4] Similar findings have emerged with the Hawaii Family Support for High Risk Infants project.[5] In a separate study, a childhood education project showed that fewer school performance or behavior problems emerged as a result of a comprehensive system of early family-centered supports.[6] Family preservation programs may often model the holism of family support; Homebuilders in Seattle, Washington, for example, has shown consistent placement prevention rates of 70 to 90 percent effectiveness.[7]

Cradle to Grave Caregiving Systems

Family support programs are clearly reinforced by the growing recognition that intergenerational family systems are the primary cradle-to-grave caregiving system in the U.S.

Families, defined not by blood or marriage but by the functions their members perform, do 90 percent of the health care, teaching, counseling, and law enforcement in the nation. Often lacking the skills and resources to do their jobs, they are forced to fail and even hurt or scar themselves or a family member before help is on the way. Family support programs bring new capacities to families rather than blaming them. In fact, many family problems are seen as predictable, on schedule by-products of skill and resource gaps and the consequences of coping without help.

Thus, it is both the empirical evidence of success and the congruence with deeply cherished values in human relationships that such family support programs transcend disciplines, programs, and service delivery systems to offer a common core of principles. It is for this reason that family support programs are acquiring such a strong foothold in service reforms across health, educational, social service, and law enforcement in the U.S.

Such reforms reflect a new or different sense of how to do business with people and how, when, and where to deliver services, as well as the characteristics of the most helpful kinds of service. Such reforms are found in innovations serving the poor, the homeless, jobless, mentally ill, developmentally disabled, and aged, and are especially visible in early childhood education, child welfare, schools, maternal and child health, and caregiver support programs. While a clear taxonomy of these programs is developing—especially with the leadership of the Family Resource Coalition, the Center for the Study of Social Policy, and the Harvard Family Research Project—their principles become organizing tools and guides for change in all human services.

New Partnerships with Families and Communities

Central to these programs is the partnership relationship that professionals share with families, replacing the hierarchical, top-down approach traditionally taken by professionals. Instead, the family's definition of the problem, each member's goals and dreams, as well as the steps they would like to take to get started are honored. Many families focus on concrete needs, such as a new washer and dryer or a job, which may be preconditions for working on substance abuse or mental health issues. Few agencies in the past have been prepared to help with the requisite concrete tools and resources.

Effective family support programs are culturally and intergenerationally based so that family history, values, norms, natural support networks, and other resources can be tapped in the definition and solution of problems. In this way, the family system is empowered to stay in charge of the case plan. A developmental rather than a deficit-oriented approach to the family provides a non-blaming focus for services.

Location of services may also be a key to family friendliness and accessibility. In-home services can reduce by as much as six months in-office assessments of the family's problems because the ecology and daily stresses of the family will be clear after a few home visits. Services offered in the neighborhood or as part of the natural helping pathways of families may increase the likelihood that they will be used.

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A Work Agenda for the Future

Much work still lies ahead as these mushrooming service initiatives offer new frameworks for public policy. Such work involves the following:

1. The delineation of the core technology of interventions across health, social service, child care, educational, and law enforcement services.

2. The development of a common matrix for assessment of risks (e.g., of school dropout behavior, substance abuse, child abuse, welfare dependency) which may stem from the same precipitants, providing a common language across providers about risks, their measures and implications. Currently, a high risk child seen in a school or public health clinic may be considered low risk by child protective services.

3. More creative pooling of interventions across health, education, law enforcement, and human services as growing recognition occurs over the fact that symptoms addressed by each system stem from the same risk factors. Thus, aiding the welfare-dependent mother may also involve abuse prevention; aiding the crack-addicted parent may prevent welfare dependency; helping the jobless or underemployed parent may accelerate the child's ability to learn to read and perform well in school.

Family support and education initiatives are at a stage of development where they will be seen as just more fragmented services unless their principles are used to convert the entire human service enterprise (wherever possible) into a more coherent, empowering, and culturally responsive infrastructure for intergenerational family systems. The attached checklist reflects some of the principles that must become organizing frameworks for the transformation of all human services; it can also be used to rate the performance of services and programs.

Family Support: A Human Rights Agenda

Before our eyes oppressed peoples around the world are demanding and claiming new rights. Some of these rights are the same ones being championed by family support initiatives. They involve self-determination, the end of depersonalization and dehumanization in systems of work, school, and helping services, and respect for culture and heritage. They also involve a new ethic (or the reclaiming of an old one), not only in how people are treated as they seek help or use services, but in the formulation of more cohesive responses to diverse, even conflicting views in families, communities, and nations. Dictating, prescriptive, and top-down approaches to problem solving are seen as less effective and even hurtful.

In a sense, partnership with families is a form of democratization and humanization, the same being sought as a human right throughout the world. Ultimately, family support initiatives should hasten these rights and processes as family strengths, values, will, heritage, and dreams are honored, developed, and expanded to the wider community—which in itself should serve as an extended family. These family supports, processes, and principles are fundamental building blocks toward a more humane, nonviolent society and caring world community.

✓ Checklist for Family Support Principles

1. Are services provided in the most family friendly, non-stigmatizing environment, and whenever possible in the home?

2. Are symptoms, needs, and stresses reframed in a non-blaming way as family and community system issues and problems?

3. Are family-centered services provided in culturally and gender- and age-responsive ways?

4. Are families empowered to reframe their problems as goals to be addressed, and to select from skill-oriented, emotionally supportive, and resource-based options for their solution?

5. Are services provided as early as possible to minimize further risk and harm, or must families be pushed to escalate their problems, hurting themselves and their children, in order to become eligible for services?

6. Are families treated as partners—given their expertise regarding their problems and preferred solutions—and do policymakers and providers promote a no-reject service ethic, so that family needs drive tailor-made services?

7. Do services supplant or reinforce family strengths and capacities?

8. Is there congruence between families' demands for certain kinds of services and the problem-solving tools used by the service providers?

9. Are families forced to relapse frequently to secure boosters and long-term supports?

10. Are families provided with a case manager who honors their preferences in the case plan, coordinates service plans, and reduces the contradictory approaches used by providers?

11. Is the service provider perceived as an enabler, capacity builder, and advocate, or as a prescriber and dictator of case plans?

12. When case plans fail, is failure attributed to the family, or to the case design, interventions, and their timing?

13. When family members are separated from one another (e.g., parent in mental hospital or jail, child in group care), are aggressive supports and policies in place to keep all members of the family as involved as possible to accelerate reunification when appropriate?

14. Are policies and services provided in intergenerationally supportive ways, tapping talents of elders, enabling family caregivers to provide supports equitably across generations?

15. Do policymakers and managers of services define responsibility for family support as multi-agency, multi-system, and multi-sector involving the media, schools, corporations, labor, neighborhood and civic associations, and churches, as well as parks, recreation, libraries, and the array of health, human, and law enforcement services?

16. Are public and private sector policies screened for their impact on families?

17. Are successful family support initiatives evaluated for their cost-effectiveness or even budget-neutrality?

18. Are family support initiatives used as tools for system-wide reform, or are they designed as additives, creating more service proliferation and coordination problems?

19. Do administrators model some of the same empowering approaches with their staff as they use with families?

20. Do educational institutions provide training and preparation to service providers in the fields of education, social work, health care, law, law enforcement, and other human services, consistent with family and community capacity-building principles?

21. Are key policy and service design decisions treated as opportunities to move systems toward family support principles and practices? ☐

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Pulling It All Together

■ by Marion Pines

The challenges we now face as a nation are urgent and unprecedented. As the nation launches into the 1990s, we need to address a series of interlocking ills: a growing labor shortage, a widening skills gap, illiteracy, persistent pockets of educational and economic poverty, and eroding family structures often linked to public health and social behavioral patterns that appear self-destructive. And we need to address these challenges during a period of continued budget austerity, despite the tantalizing but elusive possibilities of a "peace dividend."

We are all aware of the multitude of programs authorized by Congress to deal with each of these symptoms. But trying to coordinate fragmented social and economic programs that are similar but separately authorized has been a perennial problem in public administration. While not unique to the United States, this problem is—in large measure—a by-product of our particular political system and approach to public policy development. For example, separate and parallel programs authorizing employment and training activities for AFDC recipients were generated by the Finance and Ways and Means Committees (Family Support Act/JOB Opportunities and Basic Skills—JOBS) and by the Labor Committees (Title II-A of the Job Training Partnership Act—JTPA).

The results of this Congressional turf protectionism are now being played out in various ways in every state and locality in the country: the JOBS program and the JTPA system either face off, cooperate, collaborate, or ignore each other. And similar scenarios can be written about other programs and funding streams to the frustration and bewilderment of the people who are targeted for help.

Although ample testimony documents the interlocking nature of problems of poor families—poverty, unemployment, lack of basic skills, low educational performance, drug abuse, lack of parenting skills, poor housing—the disparate systems implementing service programs often exacerbate the problems by dealing with each symptom as an unrelated part of the whole. Rather than working to build a strong viable family unit, this approach seems to pull fragile families further apart. Families do *not* care if their help comes with a label marked JTPA, JOBS, Perkins, WIC, Title I, or Section 8. They *do* care if they are funneled from intake office to intake office and have to undergo multiple eligibility determinations for requisite services.

It should be very obvious that we as a nation can no longer afford stand-alone systems. They are inefficient and far from user-friendly. Even if collaboration is an unnatural act among unconsenting adults, we must collaborate and pursue a more rational, coherent, outcome-driven family investment system characterized by integrated service delivery at the local level. Viewed from the perspective of a family in need of a set of public services leading to family stability and economic self-sufficiency, integration should mean one-stop shopping with one case manager who has the *ability and authority to requisition, deliver, and monitor the services needed to ensure positive outcomes.*

What's left is to try to figure out how to make it happen. How can increasingly complex systems, laden with conflicting legislative and regulatory requirements and institutionalized by years of "solo practice," engender enough trust, energy, and sense of mission to bring about this "group practice"? How can flexibility and creativity be fostered in the development of a responsive and coherent local service delivery system?

What is required, first of all, is a vision of what needs to happen and then leadership that builds an effective partnership framework for policy, planning, and implementation.

Organizing Services To Fit Needs

One pilot attempt at creating a more rational family investment system is underway in Baltimore at a large high-rise public housing project called Lafayette Courts. Major funding streams from the Community Development Block Grant, JTPA, and JOBS have created a center housed on the first level of the development, augmented by a computer-assisted literacy lab located in the adjoining public school. Residents participate voluntarily but must agree that in order to get a service the *entire family must participate and work together toward stability and self-sufficiency.*

Through the Lafayette Court Center, resident families develop a plan with the help of their case manager who has the authority to access child care (on site), literacy services (adjoining school site), health and wellness care (on site), before and after-school programs (adjoining school site), as well as offer drop-in family support services. In addition, eligibility determination and enrollment is on-site for *all* JTPA and JOBS bill funded education and training activities.

The Lafayette Court Family Development Center is *not* a multi-service center; it is *not* an information and referral center. This is an integrated service delivery center. Interagency agreements have authorized the case manager to commit resources, monitor the quality of delivery, and ensure the family progress toward an agreed-upon set of successful performance benchmarks.

Such change is not easy. Collaboration among disparate agencies, speaking different languages is certainly not easy. For example, child welfare specialists try to prevent "placements"; the employment and training systems' objective is to encourage "placements"! Lizbeth Schorr claims that collaboration requires a combination of the skills of Mother Theresa, Machiavelli, and a CPA!

But the challenges we face require us to form working policy and delivery teams with educators, social and child welfare specialists, job training, health and housing systems, and others. Only then can we organize services in a rational manner to fit the needs of our most vulnerable families, rather than organizing them to fit the shape of the different bureaucracies. ☐

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by James A. Levine

Corporate America Meets the Working Father

Breaking ground for the Johnson & Johnson Child Care Center on the campus of Ortho Pharmaceutical Corporation in Raritan, NJ.

PHOTO: MICHAEL GAFFNEY

Just before Father's Day last year, several journalists called me at The Fatherhood Project for referral to "some Mr. Mom types"—those likable, role-reversing, caregiver-fathers who make for curiosity pieces in the lifestyle section.

At almost the same time, proposed parental leave legislation was taking a bashing from conservatives who said they could support maternity leave but not paternity leave, since men would only use it as an excuse to hunt or play golf.

Between these stereotypes of the "new" and "old" fatherhood lies an emerging reality that employers in the 1990s will have to reckon with: the working father.

"Working mother" used to be code words for conflict, stress, potential losses in productivity—an identifiable problem to be addressed by Human Resources. Now any savvy recruiter will tell you it points to the fastest growing talent pool in the labor force.

"Working father" used to be taken as redundant—a tautology in its purest form. No longer. In the seminars I lead for American corporations, the dad who is trying to juggle commitments to work and family is beginning to make his presence known—whether he is dashing out of a meeting to the day care center or telling the recruiter he simply can't take a job with that much travel while his children are so young.

Some employers are responding with family friendly policies that recognize dad's changing role. For example, Johnson & Johnson, the giant health products company, not only extended its family leave, flex-time, and adoption assistance benefits, but revised its corporate credo to say "our first responsibility is to the doctors, nurses, and patients, to mothers and fathers, and all others who use our products and services." Although J & J has obviously employed and sold diapers to fathers for a long time, before April 1989 the credo (no small matter at J & J) only noticed moms.

Changing policies and charters is one thing; changing workplace habits and culture is quite another. At even the most progressive companies, I encounter men who are made to feel ashamed because of their commitment to their families. The man who gets teased as a Mr. Mom for leaving at 5 P.M. (he gets in at 8 A.M.) to pick his kids up from day care. The man who parks in the back lot so that at 5:30, when he has to dash to the day care center, he won't have to walk in front of his supervisor. The man who leaves 15 minutes after the boss so as not to be considered uncommitted—even though he takes two hours of paperwork home.

Still there are encouraging signs of change. At a recent meeting I heard of, the group leader said, "It's 4:45. We still have several items on our agenda, but is there anyone who will have to leave to tend to the family?" The interesting fact here is that the leader and all the participants were men. At first nobody said anything; then one man said that, in fact, he did have to pick up a child at day care; then another admitted to the same dilemma. Arrangements were made to finish what they could in 15 minutes and follow up later.

One myth has it that senior male managers—guys in their 60s—will be the most resistant to making changes for today's working fathers. After all, when they were coming up, their wives stayed home. The fact is, however, that many men in their 60s speak poignantly of watching their sons and daughters struggle to advance their careers and care for their children. "Times have changed," says one executive who thirty years ago demanded that his just-pregnant wife quit working. Now he is getting ready to purchase a rocking chair for his office—his son's baby will soon be enrolled in the on-site corporate day care center.

These are isolated examples of change, of course—few and far between. But in the next decade, in more than isolated cases, corporate cultures built on the stereotype of the "old" fatherhood are going to begin feeling—and will have to deal with—the first significant pressures from today's working fathers.

I don't expect the pace of change to be rapid. There is, after all, no vocal minority of men pushing for change the way women have over the last 25 years. And most men carry their work/family conflict in silence—as "real men" have been taught to deal with problems all their lives. But three strategies—each worthy of an article itself—will move things along:

1. Individual fathers need to speak up, to let their supervisors know about their family needs. There's often more room than men realize to negotiate win-win situations—ones that work for the company *and* for the family. But you don't get if you don't ask.
2. Companies concerned about the changing demographics of the workforce—about what is now commonly called "managing diversity"—need to recognize that their talent pool includes not just more women and minorities, but more men with family concerns. They'll be more effective at recruiting if they are sensitive to that reality, however faint it may seem.
3. Companies need to train their managers to respond to the work/family problems that employees will increasingly bring to the workplace. But this training needs to recognize that work/family is not just a women's issue, but an issue that men are carrying around as well—even if they don't speak up.

The old stereotypes of fatherhood are fading and the new ones of Mr. Mom exist, for the most part, on the silver screen. But if we understand what's beginning to happen with real fathers—today's working fathers—we can create a future with healthier families and more successful businesses. ☐

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■ by Susan James

"Parenting. Love of a lifetime."

The Story of a PR Campaign

to change things
Turn — these lives full cir-
Don't you know
lov-ing touch
can change
Help her to love her child

In late 1988, after an abortive attempt to get some free PR material from a university class of journalism majors, the Parenting Center of Memphis cast about for assistance and direction with this critical but unbudgeted item. At the same time, our Board of Directors welcomed a new member: Gail Billingsley was then in advertising and a member of a professional club, the Memphis Advertising Federation (Ad Fed). And serendipity! This club was beginning to work on a bi-annual pro bono marketing concept to benefit a worthy non-profit organization!

Gail cautiously explained the Ad Fed project to the other Board members saying that she would try to interest the club in our agency. Usually, three or four agencies do a presentation for the committee working on the PR materials. The group then decides which agency triggers their creative flow enough for them to come together to work on one large campaign.

This time, however, Billingsley took Parenting Center material directly to Steve Rutland, head of the Ad Fed pro bono campaign. For a variety of reasons the Parenting Center was an exact fit with the goals and objectives set out by Ad Fed's working committee, so when Billingsley and Rutland met with the entire group, the search for an appropriate agency fit ended.

What followed was a continual meshing of personal and professional goals throughout the life of the campaign. As director of the Parenting Center, I met once with the creative group to explain the mission, objectives, and services of the Center and to pass out fact sheets and newsletters. That was in January, 1989. A few months later, Billingsley brought us the first concepts off the collective drawing boards.

The Center Board of Directors and I were excited—here was just the logo we had been searching for, plus terrific ideas for a television ad and even a poem. After being "have nots" for so long, perhaps we were easily pleased, however, the Ad Fed committee felt there was still work to be done and more ideas to explore. They were after award winning material. They wanted a song and print ads for both newspapers and magazines. They, in fact, had become zealots—creative geniuses with a personal mission and message to convey.

Why? It certainly wasn't anything I had said, but somehow the purpose and programs of the Center coupled with what they were doing gave a tug to their collective and individual primordial instincts of family…the preservation and importance of the role of families today, and most of all the need for parents to shape the future. For if "children are the future," as claimed by professionals and politicians alike, then indeed it is parents who will model it.

Personal Investments

Steve and Melinda Rutland had just had their first child, Zack, when they began working on the parenting campaign. He felt "burned up" with the responsibility of being a parent and his creative energies fed off that enthusiasm.

A creative kick-off session was held at the Rutland Agency. Logically, the group wanted to produce outstanding material that would reflect positively and bring local—and possibly national—recognition to the club. Rutland introduced the topic, set a timetable, and distributed material on the Parenting Center. After getting everyone's approval and agreement to work on this subject, each member of the committee went in his/her own direction, trying to sum up the awesome responsibility of parenting.

Wanting a feeling of the total commitment involved in parenting, Melinda Rutland came up with the slogan, "Parenting. Love of a Lifetime."

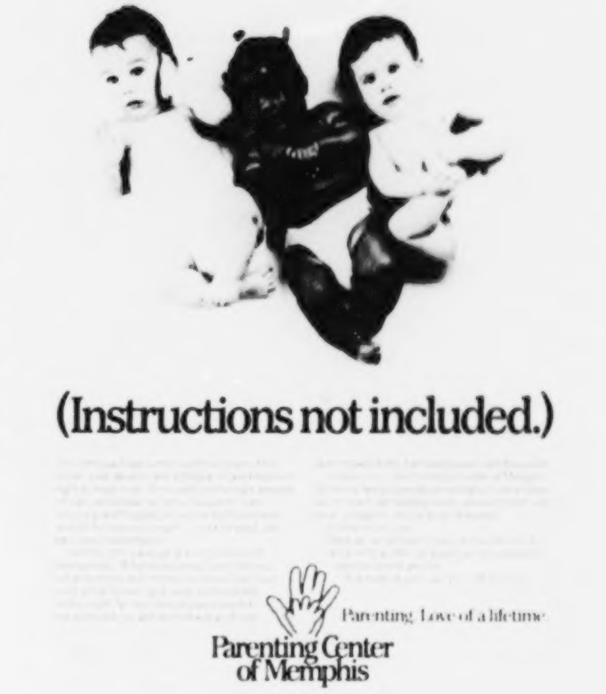
Recalling childhood memories and the simple pleasure of tracing his hand with a crayon led Steve Rutland to design the logo: a tracing of a child's hand protected and surrounded by a tracing of an adult hand. To him, this symbolized touching, union, hand-in-hand, one coming from another, and so many other things.

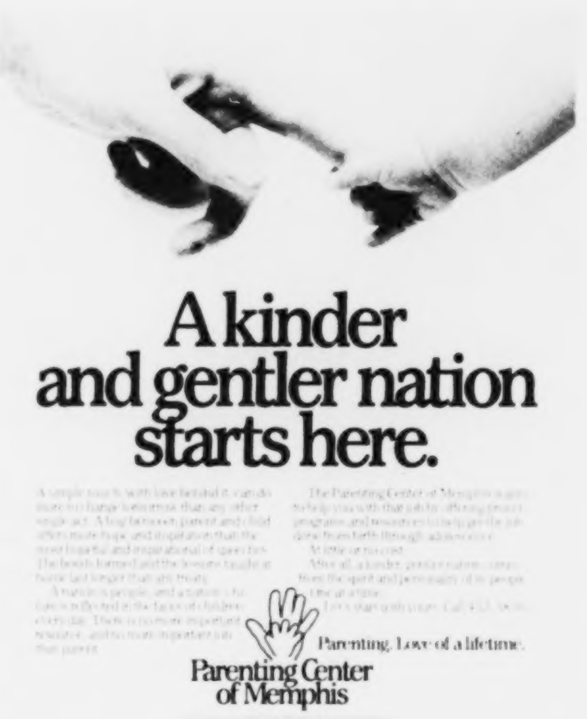
The logo and slogan were adopted immediately and used for Parenting Center T-shirts, office stationery, and bumper stickers. Comparing bumper stickers to traveling billboards that would be responsible for a "collective, residual awareness," Rutland had thousands circulated. To him, the bumper sticker says, "I'm proud to be a parent." It announces to everyone the child's importance in the parent's life which, in turn, just has to build the esteem of any-age child.

Dan Conaway, president of Conaway Creative, wrote the ad copy for "A Kinder and Gentler Nation" before it became the buzzword for the Bush administration. Rutland noted that this kinder/gentler nation isn't something that happens in Washington, DC: "What makes it happen is at the home front, in the family. It's right here where we focus on the one-to-one. It's an individual thing, not a group thing. The awareness is the group thing, and that's what we can do through this campaign."

The "Instructions not included" ad has peer appeal. Rutland pointed out that this copy says, "Join the club, it's something we all can identify with." To him, the "Help Wanted" ad says, "We're on your side, we're in this together."

Parenting Center
of Memphis


(Instructions not included.)
Parenting. Love of a lifetime.
Parenting Center of Memphis


A kinder and gentler nation starts here.
Parenting. Love of a lifetime.
Parenting Center of Memphis

For musicians Tonda and Tony Thomas, work on the parenting campaign came at a special time in their lives. These are two people who "really, really wanted to be parents." They had spent more than $20,000 on fertility specialists and two failed independent adoptions. Now they were in a California hospital awaiting the birth of another possible adoptive child. Both were losing sleep over the anxiety of "What if this mother changes her mind?" and feeling stressed over the lengthy process of the courts and paperwork. Even with seventeen years of experience working in Memphis music, Tony couldn't seem to get it together to write the parenting song. Then the baby was born, and as he sat holding and gazing at the baby, *his* baby, the song just popped into his head. From the first line—"Help her to love her child"—the rest simply flowed.

Tony wanted the song to be as large as life and he knew all the best Memphis musicians and vocalists who could get the job done. Thomas approached other professionals who were excited and willing to donate their time and talents to promote parenting. Everyone felt "in sync with the purpose." His wife, Tonda, sang lead on the recording and was joined by the Calvary Choir, Jimi Jamison, Debbie Jamison, Joyce Cobb, and Pat and Suzanne Jerome Taylor, all notable Memphis musicians.

The pride they felt in speaking to parents of any age across all cultural, racial, and economic lines comes across in this beautiful musical piece. They wanted a "We are the World" feel to it, and they got it.

Dan Conaway, father of a 15-year-old daughter, particularly personalized the "Help Wanted" ad when he wrote, "You can't say or do anything right. Ever. Your opinion is worthless, your advice meaningless, and your authority questionable. You're outdated, out of touch…out to lunch."

"In other words, you're the parent of a teenager, and you're both wondering what you did to deserve each other. They're going through the most profound changes in their lives, finding out who they're going to be and you think the search is going to kill both of you." In fact, a framed copy of this ad hangs in his daughter's room.

He said he related to thinking his kid was the worst, feeling alone, and wondering if any of this frustration both of them felt regarding their relationship was normal. He got involved with the ad campaign because he believes there is no more important job than that of a parent and getting this message out was one way of doing something, of making a difference.

Conaway knows that for working parents, handling stress often gets in the way of being effective and responsible. He feels that the future lies in bringing parents together to assist each other with mutual problem-solving at the workplace. "There is no laundry list of corrections for the various difficulties parents encounter on the job. The 'middle of the night crazies' happen to all of us."

"Writers write a lot of things and hope that it is good. Opportunities to write about something you have a feeling for are rare." Conaway said he enjoyed writing these ads and that they were fun, meaningful, and enjoyable—just like parenting.

Steve Rutland is concerned with the way the media has exploited sex and violence in selling products and programs. He discussed this frankly with the programming director of a local rock station that is known for its "Shock Radio" where innuendo and implication often border on the obscene. He pointed to the resultant desensitization to truth, and appealed as one parent to another that the media has a caretaker responsibility. This resulted in a positive coming out of a negative as this radio station played the parenting song, "One at a Time," more than any other station. Summing it up, Rutland says that for him prevention and coping skills are what the whole parenting campaign was about.

Continued on p. 18

by Barbara J.M. Evans, M.D.

The Role of Pediatricians in Implementing Public Law 99-457

The Education of the Handicapped Act Amendments of 1986—P.L. 99-457—is intended to support families by providing states with an assistance grant program to establish a "state-wide, comprehensive system of early intervention services for infants and toddlers with handicaps and their families" (Federal Register, 1989).

Unlike the previous P.L. 94-142 Right to Education Statute enacted in 1975, which was concerned primarily with educational issues, the new law specifically addresses services for infants and toddlers with handicaps and their families and specifically addresses health services. For these reasons, pediatricians throughout the country have been arduously working at a community, state, and national level to assure appropriate planning and implementation of this potent mandate to provide an integrated family support system (Dunst, 1988).

The roles that can be assumed by the pediatrician under P.L. 99-457 are multiple, stratified, and essential. The younger a child is identified as having a developmental delay, and through evaluation is determined to be eligible for early intervention, the more likely the child is to have a significant medical problem (Downey, 1990).

Pediatricians working in their communities will ultimately have the major impact on the implementation of the law. It is now commonplace for first-time parents or established families to consult with their pediatrician prenatally. The pediatrician is frequently present at complicated births or may be the first doctor to examine a child with a potential disability. "By emphasizing that the family is the constant in the child's life," the pediatrician can work collaboratively with the family in making early decisions about the "child's health and medical care" including referrals to consultants or for hospitalization at tertiary centers where specialty care is available (Establishing a Medical Home, 1989).

When a problem is not obvious at birth (e.g., prematurity or congenital anomalies), the primary care pediatrician is often the first to be alerted to the parents' concerns about a developmental problem. Listening empathetically while exercising sound judgment based on knowledge of normal child development, coupled with knowledge of this child's medical history, family dynamics, and community resources should lead to timely and appropriate referrals for evaluation and eligibility for services. Unfortunately, many developmental problems are extremely subtle during the first year of life and in some instances, pediatricians have had very little training in such disorders.

This combination of factors coupled with a reticence to alarm the family unnecessarily sometimes leads to a delay in early referral. Because pediatricians tend to run extremely busy practices, their knowledge of programs and support systems within the community may limit their ability to recruit help efficiently. Much work needs to be accomplished to rectify these very real problems. Individual pediatricians must become aware of their essential role in the development of Individual Family Service Plans (IFSPs), ensuring quality programs are in existence, and lobbying for the development of new programs if individual needs are unmet. Any pediatrician, by virtue of his or her personal interest or desire for improved family care, can be strongly influential at a state and national level through advocacy and involvement.

Neurodevelopmental pediatricians at secondary and tertiary centers can play a key part in educating their peers about the significance of P.L. 99-457 and by sharing their knowledge and skills necessary to evaluate and participate in on-going assessment of children determined to be eligible for services (Downey, 1990). These physicians are best qualified to participate in and provide expertise for national committees and councils, as policies and laws continue to be generated and modified. They are also an invaluable resource for interdisciplinary activities including education, consultation, and development of standards for non-medical professionals dealing with children with disabilities and their families.

Nationally, along with many other agencies particularly concerned with an integrated, family-centered, child care support system, the American Academy of Pediatrics (AAP) has closely followed the evolution of this law. From its inception there has been significant input from dedicated pediatricians in obtaining its maximum benefit to families. A network of teams representing each chapter of AAP has attended a national conference that encouraged the physicians to return to their states equipped with information and optimistic goals. Following the conference, there was a formal publication of the proceedings (Proceedings, 1989), multiple workshops, presentations at national AAP meetings, and dissemination of information in newsletters, articles, and reports. The Academy continues its active efforts through frequent mailings of status reports and suggestions for pediatricians on how to become more involved.

The enactment of P.L. 99-457 has opened the door to pediatricians at all levels to have a positive impact on family support systems. The community-based primary care pediatrician can provide the crucial "Medical Home" which is sorely needed for families and children with special health care needs (Establishing a Medical Home, 1989). The neurodevelopmental pediatrician can supply expertise needed to evaluate, educate, help plan, and implement this potentially powerful piece of legislation. Finally, state and national societies dealing with children's issues—such as the American Academy of Pediatrics—can be a major force in ensuring that the benefits of the law reach each individual child and family.

Pediatricians throughout the nation are trusted for their opinions and for their dedication to children and families. They are an invaluable resource and strong supporters of the principles of family-centered care and a broad-based child care service system. ☐

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by Gary Stokes

Building Organizational Capacity to Respond to Families in Poverty

With few friends in America's public and private institutions, our most fragile families in poverty are stuck at a developmental stage characterized by isolation, fear, dependence, and wasted potential. Our society knows little about these poor families, and social programs are designed to keep them at a minimal level of safety; they are not designed to get to know individuals, let alone entire families.

Public policy has backed away from the War on Poverty assumption that these fragile families can rise out of poverty and become part of the middle class. Instead, public policy is focusing its modest developmental investment on the most job-ready heads of poor households. Family heads of the most fragile families may jump through various job-seeking hoops of reformed welfare programs, but they are unlikely to succeed.

Our research at Mid-Iowa Community Action (MICA) several years ago tracked the five-year economic history of hundreds of families who had received our services. We discovered that few of these families had risen out of poverty. We had to face the conclusion that our own programs—fragments of the nation's anti-poverty approach such as Head Start, WIC, housing programs, emergency services, and information and referral—were not powerful enough individually or in combination with public welfare programs to boost families out of poverty.

Today, after five years of organizational capacity building efforts, MICA has twenty Family Development Specialists working with more than 400 of our community's most fragile families. Meeting with families in their homes, our Specialists are partners with them in a well-defined developmental process aimed at strengthening these family self-sufficiency competencies:

- the ability to nurture and maintain self-esteem in oneself and others;
- the ability to solve problems, set, and consistently pursue goals;
- the ability to create and sustain interpersonal relationships;
- the ability to create and sustain supportive social relationships; and
- the ability to support and maintain the normal development of children.

So far 130 families, averaging $8,250 in welfare and other program support at their entrance to our family development program, have moved off all forms of assistance in an average time of twenty-three months.

Fundamental Partnerships

Two key collaborations have emerged as absolutely necessary to our organizational capacity building: First is the collaboration between the organization and families. Our program design evolves and becomes more effective as families reveal the true nature of their challenges and explore their hopes and dreams for the future. Our assessment tools provide revelations to both families and the staff. The snapshot below, taken from a sample of 91 randomly selected families who have received ADC for at least two years, shows some of what families share with us:

Issues	% of Sample
Victim of sexual abuse or incest as children	34%
Past victim of domestic violence	51
Cohabitation with significant other	35
Current victim of physical abuse	22
Adult child of alcoholic	53
Former substance abuser	31
Current substance abuser	11
Never have been married	29
Record of incarceration	16
Never had a job of any kind	28

We are constantly humbled by what our partnership with families reveals about the challenges we face together. But our collaboration with families also provides rich information for family insight and planning, agency program design, program implementation, staff training, and collaboration with other organizations. The flow of information from families also focuses our staff training; we have been able to identify appropriate curriculum areas for our Family Development Specialists in a training program MICA created with the National Resource Center on Family-Based Services and an Iowa community action task force.

Our intimate relationship with families also raises our credibility with other agencies and with public policymakers. In one particularly exciting new effort, more than forty area schools and human service organizations have accepted our invitation to form the Community Academy on Families at Risk in order to train and plan together over the next four years. An essential part of this training together will be receiving direct feedback from families about how our organizations can be more effective with them.

The second necessary collaboration is internal: staff and Board must be full partners in agency policy change, program design, and implementation strategies. For traditional service delivery agencies, getting intimately close to families involves nothing less than a paradigm shift.

The human growth process necessary for successful development of poverty families has to be pursued in a parallel process within the organization. Previously undervalued line staff, some still in poverty themselves, need and deserve highly committed support and interest from supervisors and managers. The subject of human growth must become central to everyone's daily conversational agenda. Staff and Board development must evolve with a new ethos of love, respect, challenge, and teamwork. A willingness to grow and develop has become a new MICA standard for staff and volunteers. To meet this standard, we must have continuous exchange and, perhaps most important, encouragement from each other that we can actually succeed together in territory only minimally charted.

Pioneering family development programs, at least in the early years of their development, will need to focus on internal collaboration and on collaboration with families. Emerging from these two fundamental partnerships will come new commitments, clearer focus, exciting growth, expanded capacities, and opportunities for both families and organizations. □

Gary Stokes has been Executive Director of Mid-Iowa Community Action (MICA) for fifteen years. MICA has trained over 1500 human services staff on the subject of family development capacity building. Currently he and MICA staff offer a workshop called "Ordinary People: Extraordinary Organizations," the result of research to find America's most effective development organizations.

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MICA is a member of the Family Resource Coalition.

by Lynne White

Sharing Responsibility: Seven Communities Work Collaboratively to Guide Their Youth

Since October 1988, the Lilly Endowment has supported the Community Guidance for Youth Program (CGYP) by providing resources, funding, and technical assistance to improve the quality and coherence of guidance for young people in Indiana. Seven programs in both rural and urban communities are now in operation. Their common goal is to undertake collaborative efforts that provide lasting support and direction for youngsters who might otherwise lose their way.

These communities have been challenged to address two questions: How can a community encourage and enable its young people to envision productive roles for themselves in a realistically hopeful future? And how can the community provide its young people with the assistance and experiences they need to aspire to those roles?

Vision of Community Guidance

The CGYP is grounded, first and foremost, in the conviction that the community as a whole has a shared responsibility to provide guidance for young people. Changing social factors, such as the steep rise in the number of single-parent families, have shown that the family can no longer bear the responsibility without additional support. A fragmented collection of school and community programs, however well-conceived and administered, has not been able to take up the slack. In fact, no single sector of the community—schools, churches, community groups, youth-serving agencies, businesses, or families—can successfully accomplish this work alone.

Collaboration, therefore, is seen as an essential strategy in linking existing services and resources, dismantling outworn structures, generating new and more ambitious programs, and incorporating previously untapped people and resources to address existing needs. Collaboration is the route to realizing the vision of community guidance: services that pass students from hand to helping hand, providing relationships with nurturing adults at each developmental stage.

Building Collaboration

In setting up the program, we funded a six-month planning period to give communities time and resources to develop local solutions to local problems. Although the communities had little experience with collaboration, they all had some positive working relationships between key people and organizations. Their resources for serving youth were uncoordinated and failed to reach many young people in need, but all the communities demonstrated concern for their youth and a willingness to begin working together.

As a first step, we asked key individuals in each community to convene a planning team of school and community representatives. Those teams were then asked to assess the needs of their youth, identify existing community resources, devise a means for multi-sector collaboration, and create their "vision" of community guidance that would match resources with needs in creative ways. By "vision" we meant that teams should strive to reinterpret who provides guidance, redefine how services are organized and delivered, and plan new interventions. Resulting program ideas were then woven into a community guidance plan for implementation funding.

Within the broad mission of community guidance, communities were than directed to target their planned program activities in two ways: First, they were urged to pay special attention to young people facing the greatest challenges—those from poor, minority, or disadvantaged backgrounds, or the first in their families to pursue post-secondary education.

Second, we suggested six priority areas: encouraging parental involvement, redefining roles and functions for guidance providers, enhancing learning opportunities, supporting transitions from one school level to the next, connecting youth with the community, and providing career and educational information. Communities were asked to use these areas to focus their efforts and to use as a framework for establishing continuums of supports and services to guide young people through their school years.

Collaborative Concepts in Action

The seven Indiana communities have already begun to translate their ideas into action. Most communities targeted the elementary grade population, addressing the need for early intervention, and several have proposed activities for middle or high school students as well. Five communities chose parent involvement as the focus of their efforts, but have found program design frustrating and feel more planning time is needed to develop sound strategies in this area.

In Anderson, Indiana, an urban community, planners devised a way to deliver services to Pinetree Village, a housing development whose residents are minority and low-income. Their plan is based on a collaboration between the housing project, the nearby elementary school, and community agencies. An after-school program located at Pinetree will offer children tutoring in basic skills, academic enrichment activities, cultural fieldtrips, and recreation. Parents from Pinetree will be trained to act as advocates for children and families, and assist their peers to acquire parenting skills.

East Chicago, another urban community, designed a program with four components: a workshop series for parents; summer and after-school enrichment programs; mentoring; and on-going interagency staff training. A formal collaboration that developed among schools and community groups during the planning period will work to sustain broad participation and oversee program implementation.

Knox, a rural and predominantly poor community, plans to develop a career education program that offers a continuum of services from elementary through high school. A "Career-a-Month" program in the elementary schools will help students become aware of career options, and middle school students will design and operate their own businesses to gain experience. A career information center and local job readiness training are planned for high school students. The second major focus for Knox is to involve youth in community service projects. The newly created Youth Guidance Board, made up of business leaders, community members, teachers, parents, and students, will connect the program to community resources and volunteers.

North Gibson plans to aggressively inform young people and their parents about local resources through a free resource directory and newsletter; a two-day agency showcase at the county fair; and sponsored student trips to regional colleges. A new umbrella organization, the North Gibson Youth Coalition, was formed to ensure the coordination of existing and new efforts. Camping experiences are planned for all students in grades 5 and 8 as a way to prepare for and support their transitions from one school level to the next. Most of North Gibson's initiatives involve parents, and special workshops and seminars are being planned to meet their needs.

Paoli's various strategies are meant to develop informal guidance, emphasize meaningful relationships between adults and youth, and encourage peer influence through mentoring, counseling, and youth leadership. A "Partners in Excellence Program" will pair an adult with a student who has academic potential but has been held back by social disadvantages. A "Leadership Unlimited Program" will train 10th and 11th graders to offer peer mentoring to middle school students. A "Life Skills Training Program" will offer classes in raising self-esteem to youths referred by the judicial system or school counselors. Lastly, Paoli will offer parenting seminars at local businesses during lunch hours.

All of these programs are collaborative efforts which feature shared resources, facilities, and people. Some are based primarily in schools and others in the community. In some cases, existing programs are being expanded or restructured; in other cases, the efforts are new and innovative. All communities plan to use their resources—people, places, organizations—in different ways.

The definition of "guidance providers" has been expanded to include all meaningful relationships between adults and youth. Peer influences are being harnessed through mentoring and provision of leadership opportunities. Staff development and training for school and community agency personnel are being restructured to incorporate aspects of collaborative action.

The Larger Community Agenda

Twenty months into the CGYP, important issues and lessons are emerging, and collaboration—as anticipated—is a pivotal one. However, simply bringing representatives of schools, community groups, youth-serving agencies, and families together does not automatically ensure collaboration. The process has been more difficult in urban areas where organizations and agencies must sometimes be convinced to put aside their individual agendas in order to support a larger community agenda.

To keep a balanced representation of schools and community groups has required working with different perspectives and agendas. Collaboration has been more effective in communities that expanded and diversified participation and representation, and the program received more widespread community support.

The importance of leadership that understands and values collaboration has emerged in each community. Communities found they need leaders who can influence and reach others, give the program visibility and status, and secure and build participation. Equally critical, they discovered, are leaders with organizational and communication skills, commitment, and resourcefulness. Strong and consistent leadership will play a vital role in building and sustaining the collaborative process and ensuring that proposed programs are carried out.

At this stage, all of the communities now regard collaboration as beneficial and have instituted formal structures to sustain it, and to provide for staffing, leadership, and management. The communities have come a long way from the initial planning meetings when participants said that this was the first time people had ever sat down together to talk about helping their youth. We think the CGYP provides some of the critical elements for communities to bring about needed change: the opportunity for schools and community to reflect upon existing practice; the encouragement for schools and community to engage in collaborative action; the chance to develop more effective approaches to guiding and challenging young people; and the resources, assistance, and funding to support new and promising initiatives. We intend to work and learn together with these communities as they strengthen their guidance networks of home, schools, and community. ☐

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The Academy is a member of the Family Resource Coalition.

The Funder's Perspective

■ by Gayle Dorman

Promoting achievement and healthy development for all young people, especially those whose chances in life are diminished by poverty, racial or gender discrimination, or family troubles, is a historic concern of Lilly Endowment, Inc. In the 1980s, the Endowment became increasingly concerned that low levels of educational attainment among Indiana young people (the state ranks 47th in the proportion of 18–24 year olds attending college) imperil the future of both individuals and the state.

We believe that many more of our young people *can* complete vocational, technical, or four-year college programs given opportunity, support, and encouragement from parents, communities, and schools. Nowhere is adult guidance more critical to young people's present and future well-being than in helping them to see, believe in, and prepare for their futures.

Lilly Endowment promotes a redefinition of guidance that

- focuses on raising young people's aspirations, builds their motivation, and promotes academic achievement; and
- includes multiple and diverse guides such as parents, relatives, neighbors, teachers, counselors, youthworkers, and adult friends who help youngsters find their way to the future.

We hold some general beliefs about guidance:

- one of its outcomes is increased educational opportunity and equity;
- it is the responsibility of the entire community, not just the schools;
- it must begin well before high school and be sustained over time; and
- it must be built around a continuum of school and non-school experiences for young people.

The Community Guidance for Youth Program is a statewide effort to shift guidance away from being the sole concern of schools and set it squarely at the center of community life. This is as it should be, because as the schools have repeatedly said, they cannot go it alone. Young people require supports from home and key institutions that influence them and touch their lives. In broadening the concept of where guidance can take place and who its relevant providers might be, Community Guidance promises to empower communities to invent new ways of helping young people develop viable futures for themselves. ☐

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The Lilly Endowment is a member of the Family Resource Coalition.

by Ron Daly

The Cooperative Extension System

The Cooperative Extension System (CES) links research, science, and technology to address the needs of people where they live and work. Extension's purpose is education—practical education for Americans to use in dealing with the critical social, economic, and environmental issues that impact their daily lives and the nation's future.

CES combines the expertise and resources of federal, state, and local governments. The partners in this unique system are:

- The Extension Service at the U.S. Department of Agriculture
- Extension professionals at land-grant universities throughout the United States and its territories
- Extension professionals in nearly all of the nations's 3,150 counties.

Thousands of paraprofessionals and nearly three million volunteers support this partnership and magnify its impact. Strong linkages with both public and private external groups provide additional resources that enhance the Extension System's strength and vitality.

Committed to building on its longstanding successful efforts to provide effective educational programs, CES has identified five critical areas impacting families:

- family financial instability
- children at risk
- youth at risk
- family disruption and dislocation
- responsibility for dependent elderly

In many states, key programs are already in place addressing these vital issues.

Financial Stability. In several states, Extension professionals are training volunteers to teach families how to improve their skills in money management and use of resources. In other states, the target audience is military families, many of whom are young, single-income, with children, and inexperienced in handling personal finances.

Children at Risk. In Ohio, educational programs are targeted to parents of 3–7 year-olds who are at risk of abusing and neglecting their children.

In another Ohio Project, "Take a Break with Your Kids," Extension joined with McDonald's to distribute a 4x5 card inside each Happy Meal package suggesting shared activities for parents and children. It was estimated that 73,440 parents became familiar with the cards and 27,000 parents had tried activities from the card.

"Parenting on your Own," used extensively in Illinois and Delaware, is aimed at single parents. This program is available through multiple delivery mechanisms such as direct mail, parenting support groups, and mass media, and can be adapted to meet the needs of various communities or used to complement other educational efforts for single-parent families.

"Family Matters," a program originating in New York, promotes a cooperative effort between parents, teachers, home visitors, and community leaders who share a concern for children. It helps them develop insight, confidence, and skill in communicating with each other and enhancing opportunities for family and individual development.

Youth at Risk. In Oregon and Ohio, Parenting Educators and support mothers provide parent education assistance to teenage parents on a one-to-one basis. Their home visits are supplemented by a monthly newsletter with tips on how to be an effective parent.

"Tackling Tough Stuff" is a joint program of Extension and medical faculty at one land-grant university, aimed at reducing teen depression and suicide.

Extension faculty and the Department of Corrections in another state are targeting their joint efforts to first-time offenders through an alcohol abuse program.

Family Disruption and Dislocation. In Oregon, CES offers workshops on the financial impact of death and divorce, helping couples confront the possibility of having to manage alone and encouraging them to put their financial matters in order to avert the crises of displaced homemakers. "Decisions at Divorce" offers workshops for professionals who counsel or advise families considering or seeking divorce. The content includes a Circuit Court Judge addressing legal concerns, a therapist speaking on counseling techniques, the Extension Family Resource Management Specialist discussing financial decisions, and representatives of local agencies describing their services and resources.

Responsibilities for Dependent Elderly. In Florida, Georgia, and Texas, Family Caregiver Seminars are provided for those involved in elder care. They are designed to help family members understand their elderly relatives, manage difficult behaviors, cope with stress and guilt feelings, and access community programs and health care alternatives. "Adult Sitter Clinics," conducted in several states for the last decade, have trained adults to be competent caregivers to ill or frail elders.

MAPP Database. Extension has developed a national database for family life educators based on the three Rs for better programming—research, reference, and resources. It includes program curricula, lesson plans, census data, and media materials for the five priority areas. This information was put together under the direction of Dr. James E. Van Horn, Editor, with the cooperation of more than 225 Extension specialists from universities nationwide. The database is housed in PENpages, Pennsylvania State University's information system, and can be accessed from anywhere in the United States by using a modem or via the Internet communications network, 24 hours a day. The only charge is for a long distance telephone call. Additional information about the MAPP database (including a PENpages User Guide) is available by writing to Dr. James E. Van Horn, 204 Weaver Building, University Park, PA 16802.

This is a brief view of how the Cooperative Extension System is responding to the special needs of individuals and families in local communities. Extension is committed to continuing its work with both public and private organizations to strengthen families and enhance their self-sufficiency.

More information on the Cooperative Extension System and what it is doing to empower families can be obtained by contacting your local county Extension office or the Cooperative Extension Service at your state land-grant university. ☐

An Extension food and nutrition specialist helps consumers choose foods that are nutritious and healthy.

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Cooperative Extension agents throughout the United States are members of the Family Resource Coalition.

by Stephen Small

Mobilizing Support and Action Through Community-Based Research

The Case of the Teen Assessment Project

PHOTO: WOLFGANG HOFFMANN

Imagine that you are a concerned parent, educator, family professional, politician, or community leader. You sense there is a problem with local teens—

- You've noticed a lot of beer bottles at the teen hangout by the railroad trestle.
- You've heard that a neighbor's 15-year-old daughter is pregnant.
- You saw an evening news report on the high rate of teenage suicide.

As a parent or community member, you're concerned that these issues—drugs, alcohol, suicide, sexual activity—might be problems for your children or others in your community. You are determined to ensure that your community is a good place for youth to grow up in. But where do you begin? One of the first things you need is more information:

- What are the most serious problems faced by teens in your community?
- How widespread are these problems?
- What are the causes of these problems and some possible solutions?

A community-based, action research project may be the answer. In addition to providing timely and relevant information, this research can be an important tool for increasing local awareness of an issue, mobilizing community support, educating citizens and policymakers, setting funding and programming priorities, and creating coalitions of concerned citizens. In this article, I will describe how one such community-based research program—The Teen Assessment Project (TAP)—has accomplished these aims in dozens of communities throughout Wisconsin.

The TAP Method

The foundation of the program is a questionnaire administered to local youth which assesses their mental health, perceptions of the community, school and family, and self-reports of various positive and problematic behaviors. The core survey instrument was developed at the University of Wisconsin; however, local communities are given the option of deleting questions they feel are inappropriate and adding questions that they deem particularly relevant.

A local contact person (in Wisconsin this has been the county Extension Home Economist or 4-H Youth Agent) identifies school district officials and other key local leaders concerned about youth and brings them together as a steering committee. Typical committee members include parents, youth or family program coordinators, school principals, teachers and guidance counselors, school board members, law enforcement personnel, county health nurses, and social service workers. In some cases, an existing group such as a local alcohol and other drugs (AODA) partnership or teen pregnancy prevention task force serves as the TAP steering committee. The group's responsibilities include developing appropriate procedures for conducting the survey in area schools, acquiring funding when needed, deciding the final content of the questionnaire, providing advice on disseminating the survey's findings, and providing leadership for community action based on the results of the survey.

Next, the survey is administered in participating schools to a random sample of junior and senior high school students. After the survey has been analyzed, a final report is drafted and made available to interested agencies and individuals in the community. Radio and press releases featuring highlights of the report are prepared for local and state dissemination. Frequently, a press conference is also held.

A unique feature of the TAP program is the monthly follow-up "localized" newsletter series that is sent to parents of teens and to other concerned adults. The newsletters feature data from the local survey, discuss current research-based knowledge regarding youth, provide suggestions for how adults can more effectively promote the development of young people, and provide information on local and state resources that parents can turn to for additional assistance.

Program Benefits

The TAP program has been initiated in over fifty communities across Wisconsin, and benefits have been diverse. In one county, for example, the TAP survey identified a high rate of depression and thoughts of suicide among 9th grade girls. These findings led members of the community coalition sponsoring TAP to examine why depression was so common in this group and to bring in a national expert to lead a series of workshops on suicide and depression for parents, teachers, and professionals.

In another community, the TAP survey led to the establishment of a parent network aimed at improving communication among parents, clarifying community norms regarding acceptable behavior, and facilitating better adult supervision of teens. In over a dozen communities, the TAP findings have provided powerful data for grant proposals to obtain funding for drug and teen pregnancy prevention programming. TAP information has also led administrators in several schools to introduce new curricula that address some of the major issues identified in the survey.

Another important benefit of the TAP program is the role it has played in the formation and maintenance of community coalitions. TAP has helped to give direction to local committees, assisted in mobilizing local support, and ultimately contributed to the development of more effective solutions. The local steering committees have frequently remained in place long after TAP, transforming themselves into youth-at-risk or prevention task forces.

Perhaps most importantly, in every community where the survey has been conducted, TAP not only raised citizen awareness, but it educated the community about what needed to be done and then helped to muster the human and financial resources needed to set plans into action. The TAP program is not an end in itself, but the first step in a broader community effort.

Finally, the community-based, action research model illustrated by the TAP program can be applied easily to other issues. For example, a similar assessment survey has been used throughout Wisconsin to determine the child care needs of parents with school-aged children. Research that is locally directed, addresses questions that are highly relevant to the community, and puts a priority on making the findings available to the public can be a valuable and practical tool for mobilizing community concern and action that supports families and children. ☐

Stephen Small is an Assistant Professor of Child and Family Studies at the University of Wisconsin-Madison and the Extension Human Development and Family Relations Specialist for the University of Wisconsin-Extension. Dr. Small is a member of the Family Resource Coalition.

For more information on the Teen Assessment Project or other types of community-based, action research, contact: Stephen Small, Department of Child and Family Studies, 1440 Linden Dr., University of Wisconsin, Madison, WI 53706. 608/263-5688.

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"Parenting. Love of a lifetime.": The Story of a PR Campaign

The Response and Reprise

With this promotion the Ad Fed has keyed into individual feelings about family making and parenthood to find overwhelming universal truths that parents share despite their unique approaches. Parents all

- want the best for their children but are not sure what that entails
- could benefit from sharing information and feelings regarding the parenting role
- need to know where to go for additional help and to understand that it's natural and normal to feel the need for that help
- need to be there for others because every one else's parenting affects their own child's environment

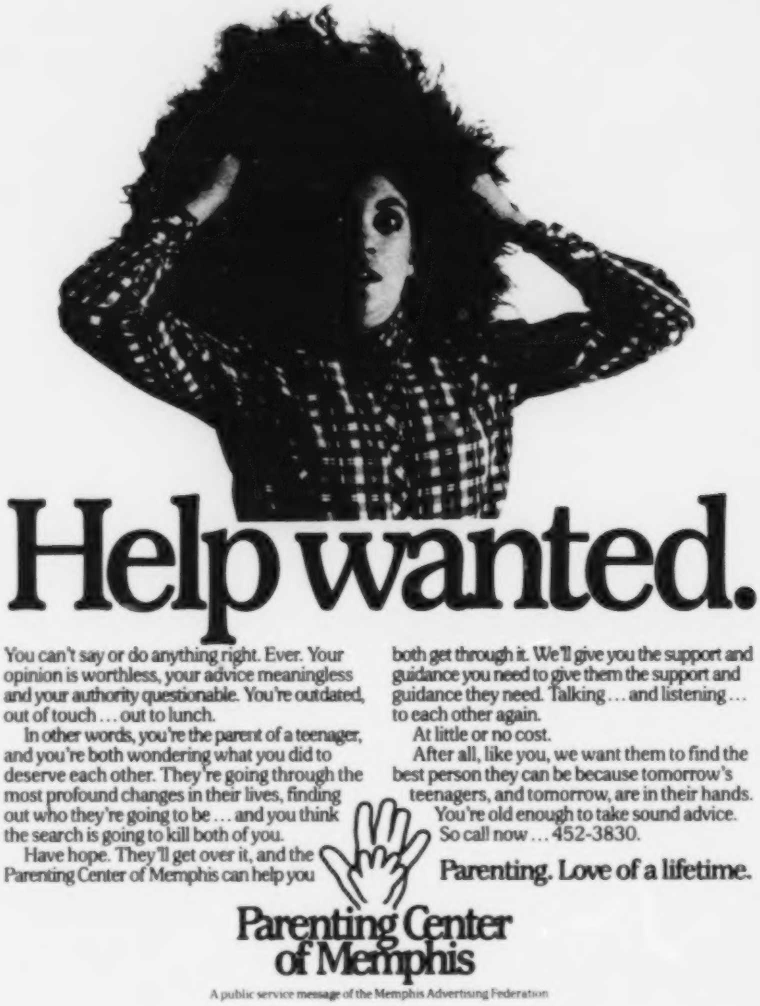
These axioms are promoted in all the print, musical, and visual work done by the Ad Fed, and the Parenting Center is thrilled with the PR message. Testimony to and recognition of the caliber of creative work produced in this effort has come to the Memphis Advertising Federation through several awards, including winning 1st Place in Public Service/Volunteerism in the American Advertising Federation National Club Achievement Competition.

Public response to the initial publicity has been tremendous. People who had never heard of the Center called for information and help. The Center staff and Board are energized by the PR focus. Program Coordinator Barbara Blumenthal feels that the work has helped us to overcome prior inertia in developing our public face and given us fantastic tools to work with.

Penny Hofer, Program Specialist, said that it always feels good when a business, especially an advertising agency, buys into your work, and that the beautiful way this advertising material was presented made her proud to be a part of the Parenting Center.

Even though work was completed and announced in a fall, 1989 press conference, Steve Rutland continues to work on a video advertisement for the Parenting Center which could be included in a press kit or used as a fund raising tool for the agency. There are plans to design posters based on the print ads which could be placed in doctors' offices, and to distribute magazine and newspaper ads more widely. Using some of the visual work on billboards and on bus-boards has also been discussed. One of the billboard designs will be used to create a congratulatory birth card for new parents in the community.

In all, a heightened level of awareness of the Center and the impact of what was once thought of as a very private matter has developed. Our job is to build on that awareness and make sure our community leaders become and remain sensitized to the public nature of parenting. ☐



Help wanted.

You can't say or do anything right. Ever. Your opinion is worthless, your advice meaningless and your authority questionable. You're outdated, out of touch . . . out to lunch.

In other words, you're the parent of a teenager, and you're both wondering what you did to deserve each other. They're going through the most profound changes in their lives, finding out who they're going to be . . . and you think the search is going to kill both of you.

Have hope. They'll get over it, and the Parenting Center of Memphis can help you both get through it. We'll give you the support and guidance you need to give them the support and guidance they need. Talking . . . and listening . . . to each other again.

At little or no cost.

After all, like you, we want them to find the best person they can be because tomorrow's teenagers, and tomorrow, are in their hands.

You're old enough to take sound advice. So call now . . . 452-3830.

Parenting. Love of a lifetime.

Parenting Center of Memphis

A public service message of the Memphis Advertising Federation

For more information on the Memphis Ad Fed and parenting PR materials, contact Steve Rutland at The Rutland Company, 88 Union Ave., Suite 504, Memphis, TN 38103 901/527-1818.

Susan James, as Executive Director of the Parenting Center of Memphis, has worked with both adult and teen parenting programs for five years. She is the mother of two daughters and a member of the Family Resource Coalition. Contact her at the Parenting Center of Memphis, 499 Patterson St., Memphis, TN 38111 901/452-3830.

FAMILY
RESOURCE
COALITION

The Family Resource Coalition's mission is to build support and resources within communities that strengthen and empower families, enhance the capacities of parents, and foster the optimal development of children and youth. ◆ *Communities are the worlds within which families live and grow. Communities should be the source of enrichment and support for families. The work of the Family Resource Coalition is to improve the quality of community-based services for families—to ensure that needed resources and support are available to all families in their community.*

Building Community

Just as strong communities help build strong families, a strong base of Coalition members helps us build the family resource and support community. We invite you to become a member of our community. Join now and help us in the work that lies ahead—help us build communities that will enrich the lives of families and children throughout the nation.

This issue of the FRC Report and the Coalition's 1990 National Conference focus on the theme of "Building Community."

A message from Frank Farrow, the new Chairman of the Board of Directors

Looking to the Future

The years ahead are exciting ones for the Family Resource Coalition and for the thousands of programs it represents. Ten years ago, the concept of family resource programs was barely understood. Only a few pioneering programs received any recognition, and they were likely to feel themselves isolated in their efforts. Even five years ago, family resource and support principles and practices were far removed from the mainstream of thought about what communities should provide for families.

All that is changing—and faster than many of family resource programs' most ardent supporters would have predicted. The energy that generates family resource programs is still strongest in local communities as new programs are created daily under the auspices of neighborhood groups, public and private agencies, housing authorities, and schools. Joining local communities are state agencies and policymakers who, seeking better ways to help families, are testing the promise of family resource and support approaches. State legislation that embodies these ideas is no longer rare, surfacing in fields from early childhood education to welfare reform, to adolescent pregnancy. Employers, too, are taking a new look at what it means to be "family supportive" and finding that this is not only good for families but good for business.

For the Coalition, this climate creates both opportunities and responsibilities. As the national organization representing the full range of family resource programs across the country, FRC's leadership can help determine whether the opportunities we all face together are used to their fullest or are lost.

As the Coalition Board surveys the tasks to be accomplished in the next two years, several priorities emerge. ***The first is to increase our service and support to the Coalition membership.*** The Coalition's overriding priority is to provide the assistance, information, and support that help member agencies develop and thrive. We envision increasing our capacity to respond to requests from the field as well as being more proactive in assisting communities develop the family resources and supports they want and need.

A second priority is to make family resource principles and programs more central to federal, state, and local public policies. Billions of dollars are now spent in our health, human service, and education systems in an attempt to help families. We need to infuse more of these expenditures with family resource and support principles, as well as begin to institute family support programs as a core element of the array of care in any community.

A third priority must be training. The program growth and development of the next decade must be fueled by the availability of well-prepared staff. Programs are only as strong as the people who greet parents at the door, and there are now very few sources of training for the skills necessary to provide family resource and support services.

Effective leadership by the Coalition depends on collaboration with a wide range of other actors. We look forward to working closely with local programs, with parents themselves, with state and local government, with federal officials, with advocates for children—in short, with all those who are committed to the well-being of families. ☐

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FRC REPORT
Design, JANE BROWN
Typography, SKRIPPS & ASSOCIATES
Printing, BOOKLET PUBLISHING CO., INC.

The ***FRC Report*** is published three times a year in the public interest by the Family Resource Coalition, a tax exempt, nonprofit organization. Membership in the Coalition includes a subscription to the ***FRC Report***. Readers are encouraged to copy and share its content; we request you credit the Family Resource Coalition as the original source of information.

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Family Resource Coalition
Report

Volume 9, Number 3—1990 Building Support and Resources for the Family ISSN 1041-8660

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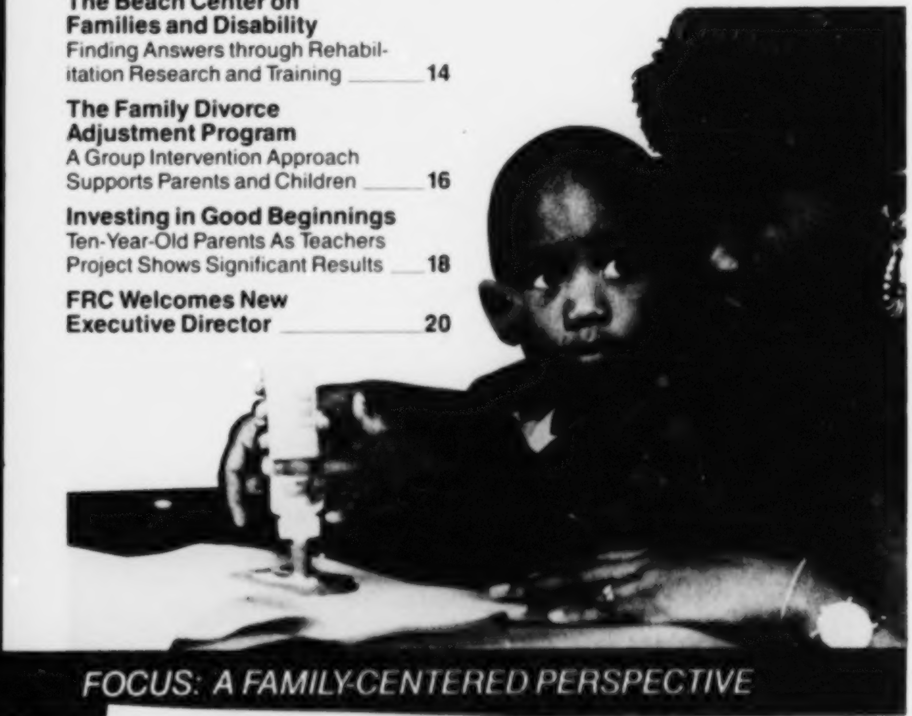
■ by Bernice Weissbourd and Douglas R. Powell

For Children's Sake: Family-Centered Childcare

Some thirteen years ago when Ellen Galinsky and William Hooks authored an important book titled *The New Extended Family: Day Care that Works*, some critics of out-of-home childcare argued that the title contained incompatible elements. Childcare, they reasoned, served to weaken rather than strengthen families. The nature of America's debate about childcare has changed dramatically since the publication of the Galinsky and Hooks volume. It is less common today to find support for the position that childcare supplants family life. Yet essential steps still need to be taken if the field is to realize the image of childcare as a new form of the extended family. This article provides an overview of progress and critical issues regarding the goal of making childcare "family friendly."



FOCUS: A FAMILY-CENTERED PERSPECTIVE

Pioneering Efforts

Without doubt, the field of early education and childcare in the U.S. has been a pioneer in generating strategies to strengthen the connections between program staff and parents. The long-standing premise of most of the activity has been a belief that families exert a powerful influence on the development of young children, and therefore a child's socialization experiences are enriched if there is close coordination and communication between family and early childhood program (Powell, 1989). These practices provide useful examples and lessons for enhancing the role of childcare as a family support system.

Historically, most efforts to improve relations between families and early childhood programs have divided into two major categories: practices aimed at strengthening parents' childrearing competence, and strategies to improve program responsiveness to family values and life circumstances (for a detailed description, see Powell, in press).

Strengthening Parental Competence

The idea that parents need expert guidance in the rearing of young children has been a persistent springboard for numerous parent education activities in early childhood programs. The nursery school movement of the 1920s was especially committed to the practice of informing parents about the ages and stages of child development. Conferences with teachers, home visits, parent group meetings, and childrearing consultation services for parents were central parts of early nursery schools, including those supported by the Works Progress Administration (WPA). The parent cooperative nursery school movement also strongly adhered to the notion that parents should learn about child development through active participation in the preschool classroom.

Early intervention programs typically have included a major parent education component. Head Start's approach to parent involvement, for example, includes programs

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focused on parenting issues. Head Start also has generated innovative program models aimed at supporting the family's role in rearing young children. These model programs include Home Start, the Parent Child Centers, and the Child and Family Resource Program (Zigler & Freedman, 1987).

Some of the help that programs provide to parents surrounding childrearing matters occurs informally. Studies indicate that both center-based and family childcare providers often assume an active helping role in responding to parents' questions about children (Hughes, 1985; Joffe, 1977). Asking questions, offering sympathy, and listening to parents' concerns are some of the ways that childcare providers attempt to be supportive of families.

Improving Program Responsiveness

Stemming from a different paradigm are parental participation practices aimed at enhancing program responsiveness to the values and circumstances of families being served. These practices include placing parents in program decision-making roles, and increasing the flow of information from family to early childhood program.

Head Start parent involvement policies are notable examples of parents assuming program decision-making roles. National performance standards call for parents to be voting participants in decisions about the nature and operations of the program. The Education of All Handicapped Children Act of 1975 (P.L. 94-142) mandates that parents participate with professionals in the development of a child's individualized educational plan. This provision is also included in the recent Education of the Handicapped Act Amendments (P.L. 99-457).

Increasing the frequency and type of information shared between family and early childhood program is another approach to helping early childhood teachers incorporate an awareness of family values and needs into their work with young children. Standards of professional practice in early childhood programs developed by the National Association for the Education of Young Children include staff-parent interaction as a component of a high-quality program. Among other things, the standards indicate that staff and parents should communicate regarding home and center childrearing practices in order to minimize potential conflicts for children, and that information about the child should be shared on a daily basis.

The history of early education and childcare programs, then, includes numerous examples of efforts to strengthen relations between families and children's programs. These practices provide a solid foundation for improving and rethinking current methods of fostering close ties between families and childcare providers. The early childhood field has consistently taken impressive steps to form a true partnership between parents and early childhood staff.

Yet there is considerable work to be done. It appears that many exemplary practices have not been implemented on a widespread basis. A recent comprehensive review of studies on interactions between parents and childcare staff concluded that, in general, the existing quality of relations between parents and staff in center-based early childhood programs does not satisfy recommendations for appropriate program-family interconnections advanced by leaders in the field (Powell, 1989).

The problem is not limited to questions of implementation, however. Serious questions have been raised about the implications of changes in American families for traditional forms of parent participation in program activities. It has been argued that many of today's practices of working with parents are based on yesterday's idealized images of the nuclear family.

Extending the Family Resource Movement

Concurrent with the awareness in early childhood of the need to move from a child-focused to a family-centered approach was the growth of the family resource and support movement. Its principles emanated from a conviction that children should be viewed in the context of their family, their culture, and the community in which they live. Joining early childhood education were professionals from the fields of social work, pediatrics, and psychology asserting that a mind-set based on being "child-savers" not only created barriers between staff and parents, but essentially limited the effectiveness of programs on the children they served.

Family resource and support programs represent an ecological approach to human development, recognizing the influence of the family on the individual, the importance of social support from people outside the immediate family, and the powerful effect of wider environmental factors, such as poverty, on the family (Bronfenbrenner, 1979).

The principles underlying programs therefore emphasize that (1) the primary responsibility for the well-being of the child lies within the family, parents having the greatest influence on the child's development; (2) parents' sense of self and competence affect how they function as parents, that parents feeling defeated and isolated are unlikely to communicate confidence to their child; (3) social support networks are essential to family well-being, families receiving adequate support being more capable of supporting themselves; (4) childrearing techniques and values are influenced by cultural and community values and mores; and (5) families receiving support are empowered to act on their own behalf, advocating for necessary community resources and for public policies responsive to their needs.

It is not difficult to see how these principles would affect the orientation of day care staff members to the children in their charge. Knowing and strengthening the family assumes a high priority. The child and family together become the concern of the staff, and building relationships with the family that fosters the child's growth is a goal as important as providing a healthy center environment for the child.

This change in orientation has its roots in the parent education tradition as well as in the significant body of research indicating the positive effects on children of their parents' participation in their programs (Powell, 1989). Yet reorienting childcare to family care is a bold leap forward. It challenges childcare personnel to use a measure of "family friendly" against which to review their structures, decision-making process, program planning, staff qualifications, and staffing requirements.

In the process of moving toward family-centered childcare, not only the principles, but the practices basic to family resource and support programs become relevant. These practices include establishing relationships between professionals and parents characterized by collaboration and shared decision making, designing program services with parents to meet their expressed needs and to enhance individual and family strengths, and assuring that programs are compatible with and sensitive to the culture and values of the families served. Commitment to the importance of social support for families leads to specific practices such as encouraging and facilitating peer support networks, and establishing linkages and cooperative relationships with community organizations, agencies, and institutions. A family-centered childcare setting can become a hub for community life.

Family-centered childcare emerges then as being a support system in and of itself. It becomes an integral part of the daily lives of families, a place in which experiences are shared, relationships are formed, information is exchanged, and advice and assistance are available. Family members have a sense of belonging to a community of people joined together by the common desire to do the best they can for the children in their care.

Challenges Ahead

It may seem that the present constraints in childcare make becoming family-centered almost impossible to achieve, despite the willingness and desire to do so. How can additional responsibility be added to an already overburdened staff? After working with children all day, how much time and energy can staff give to family programming? To what extent will working parents, already strained with trying to manage job, home, and child well, want to become involved in yet another activity? Is additional staff needed, and with what special skills? These are not only urgent questions, but they are raised in the context of the yet unsolved problem of grossly underpaid personnel.

Furthermore, expanding the intersection between families and childcare programs leads to obvious yet difficult questions about the boundaries of the childcare service. For instance, to what extent do providers become involved in issues surrounding marital transitions? What does it mean for a childcare program to serve as a family support system for families undergoing separation or reconstitution?

A pressing need is to critically assess the assumptions about families that underlie many childcare practices, including relations with parents. As a result of profound changes occurring in American families, growing numbers of parents have less time for traditional modes of participation in early childhood programs. They also may need extrafamilial support for providing their children with optimal socialization experiences. The challenge is for practitioners and parents alike to generate new ways of working together that build upon respective strengths and a shared commitment to promote the healthy development of child *and* family.

Greater overlap between families and childcare programs also requires clarification about the professional status and autonomy of childcare staff. The conventional paradigm of professionalism—where the professional seeks as much distance as possible from lay control—seems inappropriate here. Equally inappropriate is an arrangement where parents ignore professional expertise by dictating the nature of a staff's work with young children. An important task, then, is to refine the meaning of collaborative ties between parents and childcare providers so a genuine, coequal partnership can flourish.

An essential part of any progress in strengthening childcare-family connections is training for both childcare staff and parents on how to work with one another. Training for childcare staff seems especially important because it is providers who seem more troubled than parents by the existing state of relationships (Powell, 1989). Research suggests that key areas to address in training programs include sensitivity to the ways in which race and social class influence staff judgments about parenting competence, as well as staff and parental feelings about placing a child in out-of-home childcare (Galinsky, 1990).

In spite of the difficulties, if there is a commitment and belief on the part of staff for the value of family-centered childcare,

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■ **by Bonnie Michaels**

The Working Parents' Dilemma

Normally, I write about the changing workforce, their families, and employer-sponsored benefits and programs. This piece addresses the difficulties in managing work and family, but its purpose is to point out what childcare centers, schools, and caregivers can do to support working families and their children.

Besides being a work/family consultant, I'm also a grandmother—and a very active one because my daughter is a single, working parent. This story begins when my grandson was born and the first caregiver was hired; she was the first of seven over a year's time. The reasons for the caregivers leaving or being dismissed are more typical than not, but as a result of the loss of a consistent caregiver, my grandson's behavior became erratic—he had severe temper tantrums and was biting others.

After a series of crisis situations, an unusually caring childcare center, North Shore Academy in Chicago, came to the rescue by taking him even though he wasn't potty trained. They looked beyond the inconvenience to the real issue which was to assist the desperate mother and to help in a young child's crucial development.

Their team of childcare experts determined a strategy on how to change my grandson's negative, angry behavior into positive and self-controlling behavior. They appointed one teacher to handle the child daily to help him develop a sense of self-worth, respect for others, and a sense of security. They recommended a counselor from the Adlerian Institute who suggested new parenting skills and realistic approaches to my daughter which would be consistent with the school's strategy of working with the child. The counselor encouraged the skills she had already developed and assisted in giving her the confidence a single parent needs.

Six months later, my grandson stopped biting and acting inappropriately. He now talks in sentences, sings songs, is potty trained, has new friends, is happy, and can't wait to go to school. My daughter is more relaxed, confident, and can concentrate on her work.

A childcare center can make such a difference in the growth and development of children of working parents. Caregivers and schools need to work with parents whose children have difficulties. They must be sensitive to the needs of single parents by being flexible and creative so that the children can grow up to be normal adults—and grandmothers won't have to worry so much! □

Bonnie Michaels is President of Managing Work and Family, Inc., a consulting firm that works with employers and the community to provide benefits, resources, and programs for employees with families. Contact her at 1200 Harger Rd., Suite 203, Oak Brook, IL 60521 1/800/621-8331.

Managing Work and Family is a member of the Family Resource Coalition.

by Ethel Seiderman

Finding a Believer

By 1986, the Parent Services Project (PSP) was coming of age. Over a six-year period, its concept had matured, been tested, and accepted. Eleven state-funded childcare centers—all serving low income, racially and ethnically diverse, immigrant, poor, or marginally employed families stressed by societal and cultural pressures—had successfully integrated this family support project into their programs.

Support in this context means offering parents a smorgasbord of family activities and events, classes, workshops, and adult-only programs designed to teach necessary skills and offset crisis. The program provides diversity, choice, and flexibility, advocates and promotes parent leadership and decision making, works from the strengths of families, and is able to intervene at the earliest signs of family distress.

An anecdotal and cost-effective study had been completed with impressive results, and a longitudinal study had begun which promised significant data on parental stress and the impact of a social support system on diminishing and offsetting stress and psychological symptoms.

Legislation had been introduced to fund the Parent Services Project model in California's state-funded childcare centers. It had become clear that childcare was a natural context in which to provide a variety of family services. Parents trusted and were familiar with their children's caregivers. The relationship between the family and the childcare center often lasted for several years as each child went through the program and, in partnership with staff, a commitment to promote the optimal development and well-being of children became the focus. We had learned and confirmed that the child flourished if the family did. It was time to take on new challenges. We were ready to tell the world.

In 1980, the Zellerbach Family Fund, joined by the San Francisco Foundation and then the Marin Community Foundation, became our first believers. They agreed on a joint funding mechanism to launch the PSP program in eight childcare centers at eleven sites in the Bay Area which served 750 children from multi-ethnic backgrounds and urban, suburban, and rural neighborhoods.

The A.L. Mailman Family Foundation became our second believer. They reviewed our materials and the progress we had achieved. We met through phone conferences and a spark began to ignite; we were invited to submit a letter of intent with a grant to follow. The genius of what was to evolve began with the joint work of developing a training grant.

We all agreed we had the match—a common belief that had captured our imaginations. The Parent Services Project training was an inspiring project. The program had worked in one part of the country and was worthy of being tried in another. We were mutually convinced to take a chance on replication in another location. In an ongoing dialogue with Luba Lynch, Executive Director of the A.L. Mailman Family Foundation, we devised what was to become the format of our first training and the model for subsequent trainings.

The next few months were the most instructive of my many grant-writing efforts. Ideas were explored, systems for developing the training were reviewed, and decisions regarding the trainees were considered. We knew that the match of people and training location would be crucial to the ultimate success of our planning.

We began the training process in 1988 with the Child Care Connection (CCC) of Fort Lauderdale, Florida. A long-term, soundly based, comprehensive child day care program serving poor, mostly African American families in their area, CCC's strong leadership already believed in a partnership with parents. Their staff, deeply involved in the community and feeling supported by its families, eagerly committed to the training and program implementation.

Once more a spark was ignited. Our phone calls were zestful and full of hope. Together we developed a grant using a similar process to the one used with the A.L. Mailman Family Foundation. During many phone conferences we served as mentors and guides in assisting CCC to complete their component of the training grant. Thus the buy-in of all players was born—the trainees, trainers, and funders were establishing a sound base of relationships that would prove to be successful for all of us.

The training occurred in August 1988 in the Bay Area; the follow-up year was marked by two visits to Florida and a joint presentation at a national conference. The momentum continued, and by the fall of 1990—only two years later—the Child Care Connection was launching its own leadership by training others in their area.

Taking Stock

The Parent Services Project is presently completing a second training grant in the Bay Area, funded by the Walter S. Johnson Foundation, and three additional proposals are being considered to expand training to other parts of the country. We have established our mission: we are an organization continually devoted to promoting the original sites; to providing training, education, and information services; and to fostering public policy and social change initiatives that will turn other childcare centers into family support centers.

Finding a believer means *being* a believer. Believers have imagination, are willing to take a risk, and perhaps experience failure. They have clear vision and stronger than usual commitment, persistence and good humor, charisma, confidence, and dedicated spokespersons. They can share power and authority to meet the common challenge. Believers find each other, and we are grateful to those who have already made the connection and to those yet to come for supporting these valuable efforts. ☐

Infant at Wu Yee Child Care Center in San Francisco's Chinatown plays under the watchful eye of a grandparent.

Ethel Seiderman is the founder and Director of Fairfax-San Anselmo Children's Center in Marin County, California, serving 125 children from 3 months to fourth grade. The center, which opened in 1973, has taken a leadership role in the field of early childhood education and childcare, as well as in establishing and developing innovative programs such as sick childcare and parent services. Mrs. Seiderman is also Director of the Parent Services Project, Inc., described in this article, and she teaches classes and leads workshops in early childhood and family education on the state and national level.

Contact Ethel Seiderman at the Parent Services Project, Fairfax-San Anselmo Children's Center, 199 Porteus Ave., Fairfax, CA 94930 415/454-1811.

PSP is a member of the Family Resource Coalition.

by Patricia Peters

The Mothers' Center

Developing a Maternal Voice: A Network Grows

Hicksville, NY, 1973. A social worker at Family Service Association of Nassau County (FSA), a local social service agency, becomes concerned about the number of women who describe pregnancy and the early years of childrearing as a painful struggle, marked by uncertainty and diminished self-confidence. She designs a research project to explore these issues. Fifty women meet and share their experiences. When the research project concludes, these women express a strong desire to continue the discussions which they felt were educational and therapeutic. The first Mothers' Center (MC) in Nassau County is born!

Propelled by grassroots energy and a steady stream of requests for information, the MC has grown to more than 100 sites in the U.S. and 160 similar programs in West Germany. In 1981, the Mothers' Center Development Project (MCDP) was formed under the auspices of FSA in order to promote the model program, respond to inquiries about it, and create what has become a national network of Mothers' Centers. The MCDP has responded to more than 20,000 requests for information, reinforcing the founders' beliefs that this program answers a deeply felt need in all women/mothers.

From conversations with women all across the country emerges a description of the isolation, lack of information, and sense of uncertainty that women feel when they become mothers. The transition from the structured lifestyle of work time and leisure time to the unstructured and unrelieved demands of infant care create disequilibrium, anxiety, depression, and stress. Economic issues, lack of parenting skills, post-partum depression, and the host of other matters that can accompany the birth of a child all conspire to make the early years of parenthood a critical period for women. The fact that these issues are often "hidden" fosters the expectation among women that motherhood is instinctive and always joyous. Women struggling with the problems described above frequently feel inadequate and guilt-ridden.

The MC responds by providing a place where women can come together for peer support, education, and professional training and consultation. The women/mothers "own" their centers, managing every aspect of the operation. Trained by a social worker, the women conduct groups, design research, offer childcare, learn child and adult development theories, and develop advocacy actions to make health care and community institutions more responsive to the needs of families.

One of the unique strengths of the MC is the peer/professional exchange which combines current developmental theories with the practical needs and experiences of the mothers. By exchanging information with professionals, as well as with one another, participants have access to a broad range of knowledge. By connecting individual centers to the national network, women are given the opportunity to draw on an even larger pool of resources, sharing information and support and developing a clear maternal voice on issues of importance to women/mothers.

That these issues are universal is evidenced by the parallel development of West German sites. Researchers found that German mothers were experiencing the same problems described by American women: they felt isolated, their self-confidence was diminished, and they missed the additional income their salaries had provided.

The German centers were developed to respond to these issues, and like those in the U.S., are non-hierarchical and run by the women/mothers in consultation with professionals. They offer groups and childcare. They are designed to support and validate the work of mothering. Significantly, the German centers have taken that principle a step further than the U.S. centers: each woman who works at a Center is paid for her work, that is, her childcare, group facilitating, coffee service—what the Germans call the "social work that women do every day." Paid employment is also available for haircutting, sewing, ironing, bookkeeping, etc. It is one more way of helping women to gain the self-confidence and independence they often feel stripped of when children are born.

A critical element in the growth of what is now an international movement is the Mothers' Center Development Project. The MCDP staff acts as a resource to individual centers and offers technical assistance and support to those women who wish to begin centers. Toll-free telephone consultation, occasional site visits, and an annual conference—typically attended by close to 300 women—provide an on-going link among the centers. Written and audio-visual materials are available. Training materials include the MC manual, which describes, among other things, the center and its operation, how-tos, and a section on developmental childcare. Training packets for peer counseling and peer facilitating are also available.

Since 1987, the MCDP has been involved with the YWCA of the USA in a collaborative effort to foster the growth of Mothers' Centers within the YWCA structure. This venture could yield an enormous number of new sites and provide a valuable community link which will serve to strengthen both the growing network of centers and the individual YW associations. It is also expected that similar partnerships will develop with other agencies and MCDP hopes to create additional materials to meet their training needs.

What all of this means, of course, is that we may be drawing closer to the time when the vision of the MCDP will be realized: that there will be, in every community across the country, a Mother's Center—a place where women can come together to research and attend to maternal issues, design a responsive Mothers' Center, and work toward a society that, as a matter of policy, pays attention to the needs of families.

Patricia Peters is Public Relations Officer at FSA, mother of two daughters, ages 14 and 11, and a devotee of the MC. Over the next year, she will be part of the FSA team (the heretofore parent agency of the MCDP) that will be working to launch the national MC network as an independent nonprofit agency.

For information on Mothers' Centers in your area or how centers begin, contact the MCDP staff at 1-800/645-3828, or write to them at 336 Fulton Ave., Hempstead, NY 11550.

The Mothers' Center Development Project is a member of the Family Resource Coalition.

The Consortium of Family Organizations

COFO, created in 1977, is a nonpartisan, nonsectarian group of five national professional, service, and resource organizations committed to the idea that social policies and programs should focus on the family, not solely on individuals. COFO is organized around the belief that in most cases, a family-centered approach strengthens and supports family life, is the most humane and effective way to provide help to individuals, and results in more efficient and effective human service programs.

COFO's members are the American Association for Marriage and Family Therapy (AAMFT), the American Home Economics Association (AHEA), the Family Resource Coalition (FRC), Family Service America (FSA), and the National Council on Family Relations (NCFR). The organization's members are involved with families of all racial, ethnic, and cultural backgrounds and with families, both nuclear and extended, in all stages of the life cycle.

History of COFO—How It All Began

President Jimmy Carter's election in 1976 generated a great deal of interest and activity on the part of national organizations associated with families and family policy. During his campaign, he promised, as President, to sponsor the first White House Conference on Families, and following his election, pressure to set a date for the conference and to appoint staff for it was brought to bear from many sources. A large, diverse coalition of national organizations was formed to advocate for, as well as monitor, the process that would evolve into a White House Conference on Families.

As the deliberations of the new coalition got underway, four organizations began to talk among themselves about the need for an additional Washington presence—one that would be ongoing beyond the White House Conference. Informal discussions started in the summer of 1977. The four organizations—the American Home Economics Association, the American Association for Marriage and Family Therapy, Family Service America, and the National Council on Family Relations—eventually arrived at some common goals and agreed to formally organize as the Coalition of Family Organizations or COFO.

COFO then set forth the following goals:

- to provide a larger presence in Washington focused on the political process and any related activities of importance to families, family policy, and the four national organizations
- to respond to the new and growing national interest in families and to support this new direction in whatever ways were possible and appropriate in the nation's capital
- to publish a Washington quarterly, *COFO Memo*, in order to better inform the members of the four organizations about important public policy developments
- to formalize the existing relationships among the four national organizations

The first *COFO Memo* was published in the fall of 1977. The early newsletters contained reports of the White House Conference process, and Congressional legislation which was placing more emphasis on families.

In recent years, following AAMFT's move to Washington and NCFR's appointment of an official Washington representative, COFO has expanded its Capitol Hill efforts with monthly meetings and has taken on a new role in the Washington milieu.

The general direction of COFO's activities continued until 1989 when a decision was made to change the name from the Coalition to the Consortium of Family Organizations to better reflect the close working relationship of its members. With this name change came renewed energy and a commitment to COFO's founding mission.

Also in 1989, COFO history was made when the Family Resource Coalition became an official member of the Consortium, the first such addition since the organization's founding. COFO also plans to develop criteria this fall for a new affiliate membership category in order to further expand its influence.

COFO's Current Activities

An increasingly dominant focus of COFO's work in the past year has been the development of tools to help educate policymakers and their staffs about family policy. COFO's current activities—the *Family Policy Report*, the Family Data Project, and the COFO-sponsored Family Impact Seminars—are all part of the organization's strategy to educate public officials.

The *Family Policy Report*, which premiered in March 1990 and replaced the *COFO Memo*, is a quarterly publication designed to assist policymakers in evaluating legislative proposals and social programs from a family perspective. An important component of the *Report* is the "Family Impact Questions Insert," a list of specific family-related questions that the reader can remove and use to study bills, amendments, regulations, and existing programs. The first issue provided readers with a framework for understanding the purpose of a family perspective and how to apply it as a tool for evaluating legislation. The second issue of the *Report* will provide a family impact analysis on a specific long-term care proposal. (Subscriptions to the *Family Policy Report* are $12 per year. Contact the COFO Coordinator for more information.)

COFO's ongoing Family Data Project emerged out of concern about the quality of family-related research and data in this country. Public policies affecting families must often be developed and implemented using partial, outdated, and/or fragmented family statistics. Furthermore, the family-related data and research that does exist is frequently inaccessible in a format that is useful to policymakers, private sector organizations, or the public.

Early in 1989, COFO began conducting a series of exploratory activities, interviews, and meetings with experts within the federal government, on Capitol Hill, and in private sector organizations regarding the quality, coordination, accessibility, and utilization of family-related data and research. As a result, COFO has been encouraged to act as a facilitator in the formation of an inter-governmental forum that would coordinate and improve the collection and dissemination of family-related data.

As part of its search for a model, COFO has undertaken a review of the operation of the Interagency Forum on Aging-Related Statistics. This organization was established in 1986 for purposes similar to COFO, that is, to encourage cooperation among federal agencies in the development, collection, analysis, and dissemination of data pertaining to the elderly population.

COFO is now planning to explore the substantive, political, and administrative feasibility of (1) establishing an Interagency Forum on Family-Related Statistics or a similar body; and (2) creating new offices or institutions that would improve the synthesis and utilization of family-related data

COFO

Consortium of Family Organizations

The American Association for Marriage and Family Therapy

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The American Home Economics Association

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and research. These activities will proceed when funding is obtained.

Since 1988, COFO has also cosponsored a regular monthly series of seminars on Capitol Hill, conducted by the Family Impact Seminar (FIS) for invited Congressional and executive branch staff. The series began in response to the growing need for timely, objective research and analysis on family issues. The goal of the seminars is to bring a family perspective to bear on current policy issues and to allow for a nonpartisan forum for discussion and debate between executive and legislative branch staff and policy researchers. Participants receive a background briefing report for each seminar. Seminar topics have included: foster care reform and family preservation, maternal drug use, childcare, and other family-related subjects. (Copies of the background briefing reports are available for $6.25 each from the *Family Impact Seminar*, AAMFT, 1100 17th St., NW, 10th Floor, Washington, DC 20036 202/452-0109.)

In 1990 and 1991, members of the five COFO organizations will provide technical assistance to FIS project staff in launching an extended seminar series in selected state capitals.

Following is a brief description of the COFO members. The American Association for Marriage and Family Therapy, located in Washington, DC, is the professional association for nearly 17,000 credentialed marriage and family therapists in the United States, Canada, and abroad. Its members include marriage and family therapists, social workers, psychiatrists, psychologists, nurses and pastoral counselors who work in public and private settings as clinicians, teachers, trainers, and systems consultants. The AAMFT Research and Education Foundation conducts activities that promote general family well-being. The Family Impact Seminar (FIS) is the policy unit of the Foundation.

The American Home Economics Association, located in Alexandria, VA, is an educational and scientific association of more than 26,000 professionals from various disciplines that comprise the field of home economics, including: child development, food and nutrition, family relations, family economics, and home management. Home economics integrates knowledge from all these disciplines relative to solving the everyday problems and challenges of families. AHEA publishes two quarterly journals: *Journal of Home Economics* and the *Home Economics Research Journal*.

The Family Resource Coalition, based in Chicago, represents thousands of family resource and support programs and practitioners. Their services include consultation, training, and technical assistance on all aspects of program development; public education and advocacy activities on behalf of families; and the publication of books such as *Programs to Strengthen Families* and *The Family Resource Program Builder*, and periodicals—*The FRC Report* and *FRC Connection*. FRC operates the only national clearinghouse on family support programs and offers a nationwide referral service to families seeking local programs.

Family Service America, headquartered in Milwaukee, is a voluntary movement which exists to influence society and its institutions in order to encourage, protect, and promote healthy family life in North America. Its network of 290 private, nonprofit member agencies is dedicated to providing a wide range of services to families in crisis or with specific problems or needs. FSA publishes *Families in Society* (formerly *Social Casework*) ten times yearly and has extensive publications on families. FSA also operates a governmental affairs office in Washington, DC.

The National Council on Family Relations, based in Minneapolis, MN, is the professional association of scholars and practitioners engaged in research, dissemination, and practical application of the multidisciplinary study of marriage and family life, family life education and counseling, and public services to families. It has 4,000 national and international members, including sociologists, psychologists, marriage and family therapists, counselors, educators, social workers, attorneys, and health care professionals. NCFR produces an internationally vended on-line Family Resource Database and publishes two journals, *Journal of Marriage and the Family* and *Family Relations*. □

Contact Patricia Langley, COFO Coordinator, c/o FSA Office on Governmental Affairs, 1319 F St. NW, Suite 6060, Washington, DC 20004 202/347-1124.

by Joan Wynn and Joan Costello

Children's Services: Directions for the Future

Kate learned to swim at the park district day camp and is now on a Y team. She has just joined the Brownies and goes to an after-school program on other days until her mother gets home. Are these activities important? We believe they are far more significant than we often give them credit for. We call them primary services.

Daryl also goes to an after-school program but mild cerebral palsy makes walking and running somewhat difficult. He is often excluded from activities. Getting him to specialized physical therapy is a problem for his working mother. Could these primary and specialized services work more effectively as parts of a community-based children's services system? We think so.

A variety of organized activities exist in communities that support child development and family functioning. Under the heading of primary services, these activities include toddler play groups and after-school programs, youth volunteer activities, telephone warmlines and mentoring programs, parent support and education programs, and the resources of parks, libraries, and museums.

By contrast, social services for children and parents are mainly specialized interventions—such as child welfare, mental health, juvenile justice, and substance abuse services—aimed at responding to child or parent problems.

Currently, these two service sectors—the primary and the specialized—have little connection to one another. Much is lost in opportunities for children and parents as a result—first in the relative neglect of the primary service sector as a significant resource, and second in the nearly complete failure to connect the two.

In this article, we propose a reorientation of children's services that focuses on promoting child and family development as well as responding to problems. This reorientation can be accomplished by three changes: First, primary services should be included in the conception of child and family services and made more available in communities as organized resources for all children and families. Second, working partnerships should be created between primary and specialized services. Third, a newly conceived system of children's services should be planned, organized, and provided at the community level.

Broadening Children's Services

Children need support for their development as well as responses to their problems. We believe that these critical needs should be met as much as possible by the natural activities and affiliations that primary services offer. Through their roots in communities, these services can enhance individual capacities, respond to changes in families and other institutions, and provide a natural source of help to children and parents with emerging problems or those with special needs. Primary services are activities, facilities, and events often provided by organizations that are part of the familiar social world of families. They are available for use voluntarily, most often without an elaborate process of certifying need or eligibility.

Primary services enhance capacities children need and will continue to need as adults. Tot lots, parks, sports teams, and many other primary services support children's physical development and strengthen their sense of competence. Primary services offer group activities through which children can learn to behave in responsive, caring ways, to moderate personal interests to those of others, to accept differences in values and beliefs, and to develop friendships. These abilities are essential to self-esteem and to participation in supportive social networks.

Primary services also provide hands-on chances to solve problems and make things happen, from block building among preschoolers to leadership activities for teenagers. Adolescents in particular can enhance both skills and self-esteem through opportunities to contribute to the well-being of others.

Children seldom develop a sense of competence if their parents feel uncertain about their own capacities. Primary services can support effective parenting through programs such as drop-in centers and parent support groups, parenting classes, and information and referral services. The spontaneous exchanges among parents in primary service settings can provide advice, friendship, and sources of social support.

Responding to Changes in Other Institutions

Smaller families with fewer siblings for children to play with and fewer adult relatives available for support, coupled with growing numbers of single parent and two-parent working families, increase the importance of organized activities and contact with peers and caring adults that primary services can offer.

For families living in poverty, primary services may offset disadvantage by providing access to skills and opportunities otherwise unavailable. These services also offer safe havens that help protect children from random violence, drugs, gangs, or early sexual activity.

Primary services can complement schools in meeting increasingly complex obligations for children's learning and development. Whether they are laying out a baseball diamond, taking photographs, using computers, or managing a fund drive to buy uniforms, children can apply learning in ways that consolidate academic skills and an interest in continued learning. Through leadership roles in clubs and teams or volunteer work, adolescents can gain a sense of the demands and the rewards of work, and build skills and experience as a bridge to future employment. Primary services can also facilitate connections between parents and schools.

The interaction of children and parents with developmentally oriented programs can serve as an early warning system to identify problems and provide assistance in ways that are neither categorical nor stigmatizing.

Primary services often have special roles—organizing activities, managing equipment—to which children are appointed. These roles can confer a sense of special status and involve extra attention from both peers and adult staff. Staff can use these roles and their natural helping capacities to offset a sense of isolation and rally a child's own abilities to cope. Special roles may be particularly important for children with disabilities, enabling them to join more fully in activities with their peers.

For children needing speech or physical therapy, psychological counseling, or other specialized services, both the quality of their lives and the effectiveness of the specialized interventions are enhanced if they remain involved in the activities and settings primary services offer. By providing arenas in which to practice what has been learned, primary services reinforce specialized help.

Enhancing Primary Services

While primary services already exist in some form in many communities, to play a central part of a larger, more deliberately organized world of children's services, their availability and role should be increased.

All communities need to have sufficient variety among primary services to accommodate children of different ages, interests, and capacities. In communities with limited resources, civic interests as well as public and private providers may need to explore greater use of existing facilities such as schools, parks, libraries, or churches; they may also need to secure additional resources by, for example, recruiting chapters of national organizations to the community and by securing the commitments of public and private funders. Efforts to increase primary services can be effectively coupled with economic development or other community-building initiatives.

Within communities, primary service providers can work together on joint service planning and on adjusting available services to better meet child and family needs. Providers can also join in creating new forms of primary services, such as arrangements for children stranded when planned activities are cancelled and parents are unavailable, or transportation arrangements to facilitate children's use of available activities.

It will take the ongoing collaboration of primary and specialized providers if services are to effectively promote children's capacities and respond to their problems.

In many communities, a survey of the interests and needs of children and parents and an inventory of existing services would position providers to plan for the range of services that should be available.

Providers could collaborate in service delivery by sharing program elements, staff, or facilities. For children needing specialized help, the professionals involved in their care could consult with primary providers about ways to enable these children to participate in primary programs and could bring some specialized services to the more familiar and accessible primary settings.

Creating a System of Children's Services

Communities are central to the reorientation we propose because they are where children live and where children and parents turn for enrichment and support. Community-based services can harmonize with local interests and needs, respond to specific cultural values, draw naturally on surrounding resources, and increase residents' sense of control.

A community-based children's services system should generate comprehensive planning and ways of making services responsive to individuals. Civic leaders and a wide range of providers, including those in health care and education, should be engaged in planning and the collaborative delivery of services. Building on the experience of family resource centers and other community-based programs, mechanisms should be fashioned that convey information about available services to children, parents, and providers and that create ways of making services more accessible.

As a family's needs increase, so should the available help. Individuals acting as advisors or advocates could be available to help families assess their needs, work with them to identify appropriate services, and assist, through modeling a concrete problem-solving process, in securing access to services. More ongoing and interactive help could be made available for families involved with multiple services, or at risk of needing to be. Ideally, individuals providing this case management would have the authority to authorize access to a range of public services. They should also have a pool of flexible funds to pay for arrangements that act as the glue for a service plan and that are unavailable from other sources—transportation from school to a recreation program, for example.

People who fill these helping roles—information, advocacy, and case management—should be located in a setting to which families are naturally attracted. In some communities an appropriate setting will exist, in others it would have to be created. This setting might be a community center, school, family resource center, or social service agency. In all cases it should be a community-based entity that operates in a natural helping context.

Conclusion

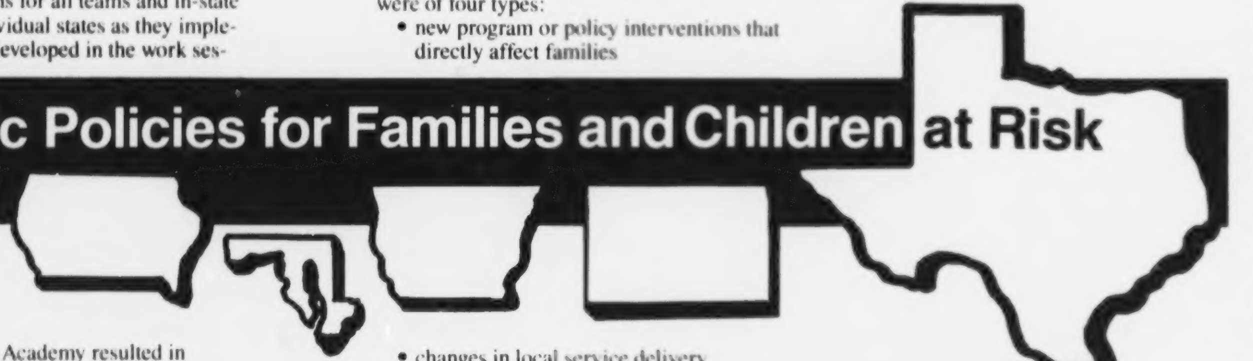
We believe a fundamental reorientation of children's services is needed, one that enhances the role and presence of primary services, combines primary and specialized services into a new children's services system, and focuses children's services at the community level.

We have advanced one alternative. We hope it will be considered and tested. We hope others might be proposed and tested, their merits weighed, and a course chosen that will better serve our children—and us—for the decades to come. □

Joan Wynn is a Research Fellow and Joan Costello a Faculty Associate at Chapin Hall Center for Children at the University of Chicago. This article grows out of a project, supported by the Chicago Community Trust, designed to consider existing social services and to propose an alternative approach if warranted. A more detailed discussion of the authors' findings and recommendations can be found in Richman, Wynn and Costello, Children's Services in Metropolitan Chicago: Directions for the Future. *Copies may be obtained or the authors reached through Chapin Hall, 1155 E. 60th St., Chicago, IL 60637 312/702-1015.*

Implementing Strategic Policies for Families and Children at Risk

■ by Judy Chynoweth and Barbara Dyer



State governments face a seemingly intractable problem: regardless of the condition of a state's economy, substantial numbers of families and their children continue to be at high risk of experiencing a host of often related problems such as long-term unemployment, poor health, teenage pregnancy, child abuse, inadequate housing, and drug addiction.

States have attacked many of the symptoms and perceived causes of these problems—teenage pregnancy, school dropout, inadequate training and education, illiteracy, poor health and childhood development.

For almost any problem, from infant mortality to adult illiteracy, state and local governments have sparked innovative solutions. Yet the problems seem to be worsening. Institutions seem increasingly incapable of responding.

There are several plausible explanations. First, although the targets of these initiatives are often members of the same family, policies and programs have focused almost exclusively on service delivery to individuals—not on improved outcomes for families. Programs are designed to help individuals with discrete problems: teen mothers, adult illiterates, juvenile delinquents, displaced workers. These programs are funded categorically, they are regulated categorically, and their impacts are assessed categorically. The resulting array of overlapping, loosely coordinated, and often costly programs addresses individual needs, but cannot integrate services on behalf of the family or move the entire family into the social and economic mainstream.

Second, little attention has been given to specifying intended or desired outcomes—how families have fared as a result of these efforts. Beyond a general intent to improve schools or have fewer pregnant teens, we have resisted holding our systems—or even discrete programs—accountable for outcome-based performance. Reporting mechanisms that do exist focus almost exclusively on what activities or services are provided. Excessive categorization, skewed reporting systems, and funding and regulatory structures that reward process, not outcomes, make systems less capable of responding to the real needs of children and families.

Almost as damaging, the current system promotes categorical thinking by policymakers. Provided with little information regarding underlying causes, the connections between various symptoms, or how they manifest themselves in a family setting, policymakers move quickly to define the problem narrowly and to propose solutions that can be implemented within the structure of the current service delivery system. This approach tends to perpetuate fragmentation and short-sighted delivery of services to people at risk.

Yet in changing our approach, it is important to remember that the system that evolved over the last thirty years responds to several legitimate public policy imperatives. First, the imperative to account for public expenditures is reflected in the current intake and tracking procedures. Second, the imperative to spend efficiently and to contain costs is reflected in service restrictions, client/staff ratios, and cost accounting systems. Third, the imperative to reach those most in need of the service, equitably, is reflected in categorical definitions and eligibility requirements. Finally, the imperative to ensure quality of service is reflected in the professional certification and licensing of facilities, health and safety standards, and process reporting systems.

While the mechanisms we have created in response to these imperatives may now serve as obstacles to innovation and integration of service, the imperatives are no less valid. Any effort to change the way in which public systems conduct their business must address these four challenges.

CGPA Policy Academies: Strategic and Accountable for Results

The Policy Academy is the Council of Governor's Policy Advisors' (CGPA) most intensive form of technical assistance to states, a rigorous process designed to address complex, high-priority issues. Developed by CGPA, it combines the best elements of strategic policy development with the best information and experts available. The Academy's strength is its ability to cause each participating state to design an individual approach to produce results; it is *not* a process to develop consensus across states. Key stakeholders within each state focus undivided attention on the issues, debate underlying causes, and commit to independent action.

After conducting Policy Academies for states on topics such as teen pregnancy intervention, workforce literacy, and school dropout prevention, CGPA became convinced that states were picking away at the problems of at-risk families one issue at a time, and that a more comprehensive approach that took into account the multiple hardships faced by these families would result in more effective policies and actions.

In 1989, multidisciplinary teams of policymakers from Arkansas, Colorado, Illinois, Iowa, Maryland, New York, North Dakota, Oregon, Texas, and Washington set out to design and implement comprehensive strategies to strengthen families and improve the well-being of children. The teams consisted of representatives from the governor's office and high-level administrators from human services, education, community development, health, and labor/employment, and training agencies. In most cases, there were additional team members—state legislators, business and labor representatives, city government officials, child and family advocates, and community service providers.

The Academy included three 4-day out-of-state work sessions for all teams and in-state assistance to individual states as they implemented policies developed in the work sessions. The Policy Academy resulted in specific policies, strategies, and multiyear implementation plans. Every team defined and diagnosed its own state problems, agreed upon outcome-oriented goals and objectives, assessed alternative approaches for achieving results, developed a multiyear implementation plan, designed an accountability system that specified outcomes and indicators, and developed a strategy for gaining support.

Results of the Academy: Goals and Strategies

Most teams set broad goals in four to eight areas—health, education, employment/economic independence, and family stability were the most common—and established a number of objectives within each. Their objectives were outcome oriented and people based.

■ **Iowa**, for example, focused on seven dimensions: safe shelter; mental and physical health; nutrition, drug, and alcohol abuse; education; abuse, neglect, and violence; and labor force attachment. For each dimension they identified a range of possible outcomes. The safe shelter dimension, for example, focused on these positive outcomes: families will live in dwellings that are equipped with energy and other services. Maintenance and repairs would be routine. Families would be free to choose their residence. A family's access to safe shelter would not be threatened by an inability to pay the rent or mortgage. Concrete indicators were identified and debated, such as a decrease in the number of persons living in the street and in the number of families living in unsafe housing.

■ The states also set system-based objectives. **Maryland**, for example, defined an investment strategy characterized by comprehensive, coordinated, interagency action that is family oriented. They assumed that the number of self-sufficient families will grow when aided by a system that provides quality services effectively accessed through a seamless, integrated, user-friendly process. Accordingly, among their objectives were targets for joint intake, single point of access; utilization of integrated case management models; and intra and inter agency performance accountability systems.

The strategies designed by the ten states were of four types:

- new program or policy interventions that directly affect families
- changes in local service delivery methods
- changes in the relationship between state and local governments and/or local service providers
- actions to improve state-level coordination and to use state resources to promote innovation and information exchange

Most states wove these strategies together into proposals that represented a genuine shift in the way states do business—systems change!

■ **Arkansas** is redefining the state role as a facilitator of local change in the design and implementation of comprehensive community service systems. While the primary objective is to improve outcomes for families with children in the fourth grade or younger, the focus is on integration of services and accountability for outcomes at the local level. The state is planning to:

- offer incentive grants to two pilot communities for local planning
- provide intensive training to those communities in strategic, community-based planning and collaboration
- provide technical assistance in system design and implementation
- hire a project coordinator to facilitate responsiveness to local needs for state systems change, to promote sharing among local initiatives, and to document critical success factors

■ The state of **Colorado** sees its role as strategic planner, as partner with local entities and as aggressive fund-raiser from both public and private sectors to improve outcomes for families. The state has developed a three-year implementation plan. Phase one (corresponding with the CGPA Academy project) produced the draft strategic plan for families and children with outcome-oriented long-range goals and objectives. Phase two involves the creation of an interagency policy council to pull agency policy and budgets in line with the strategic plan, to develop an outcome-oriented, consumer-based accountability system, and to design with local input model(s) for integrated service delivery to families and children. Phase three implements pilot model(s) and evaluates their performance over time.

■ **Texas** is harnessing the energy and resources of its employment and training system to their health and human services system in order to design a community-based human investment system. Their plan calls for the creation of a Human Investment Steering Committee of top level public and private membership to work extensively with seven community teams. Together they will design an integrated services delivery system including data collection and planning, eligibility determination, family assessment and referral, budgeting and funding, and consumer-based case management.

Many of the states have incorporated family resource centers into their plans. Maryland is attempting to integrate two types of family centers already in place: some focused on early childhood development and others focused on employment and training.

The State Policy Academy on Families and Children At Risk is a collaborative effort of CGPA and the National Governors' Association, The American Public Welfare Association, and the Council of Chief State School Officers.

Implications for Family Advocates

The ten states in CGPA's Policy Academy on Families and Children At Risk are challenging entire systems to behave differently. State leaders are looking at how to achieve public imperatives mentioned earlier—accountability for expenditures, cost efficiency, serving those in need equitably, and quality of service—in different ways. Accountability is measured in terms of outcomes for people. The focus is families. The field of players is being broadened to include many currently outside the traditional system. The states see themselves as catalysts/enablers, and understand the importance of forging new relationships with communities, service providers, corporate leaders, universities, and philanthropists. These states are essentially inventing new approaches to governance.

Family advocates can help facilitate the process of systems change in several ways. First, they can be partners with state government and other state and local organizations, both public and private, in the policy development and planning process. Second, they can help focus attention on the positive outcomes desired for families and children as well as the strengths families possess which move them towards those outcomes. Three, providers of services can establish accountability systems that collect data on families and the outcomes they experience—holding themselves and the families they serve accountable for appropriate and measurable results. Finally, those working to enhance family resources can innovate—discover new answers to the governance conundrums of accountability, cost efficiency, equitable service provision, and quality assurance.

State governments are confronting a period of change. Tight fiscal constraints and the prospect of an economic downturn coupled with an increasing awareness of the plight of many families and children have created a window of opportunity—opportunity for systems change to strengthen families. The CGPA Academy has supported ten states in taking bold steps. We encourage family service providers and advocates to join these states in their attempt to make the policy development and implementation process conform to the realities of people in families rather than to make people in families conform to the rigidities of the policy and program apparatus. □

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In 1991, CGPA will publish their coauthored Governors' Policy Guide on Family and Children Policy.

by Bonnie Lash Freeman

Family Literacy:

Collaborative Learning Ventures for the Nation's Families

Family literacy programs! Even Start programs! PACE! The Kenan Trust Family Literacy Model! What are these programs, why is there a need for them? What do we know about undereducated families and their lack of educational success that has prompted the creation of such programs?

We know that the literacy level for one out of every five American adults is the eighth grade; that three-fifths of mothers receiving AFDC lack a high school diploma; that the number of children living in poverty has increased by 50 percent in the last fifteen years; that more than 50 percent of these children enter school two or three years behind their peers and are more likely to drop out in later years.

We also recognize that parents are their children's first and most influential teachers; that what parents do to help their children learn is more important to their academic success than the family's financial status or social class; that the value of education is transferred from one generation to the next; and that family systems provide the basic tools of thought, language, values, and the desire to learn. These facts, coupled with the advent of the information age and the realization that the needs of the present and future workforce cannot be met with an undereducated population, have prompted the development of a family literacy philosophy.

Family literacy is shared learning and reading experiences that improve the educational environment of the family and strengthen the support for reading and learning in the home. A family literacy program can be described as an "educative community" in which both parents and children become teachers and learners. By defining family literacy this way, some basic assumptions about the programs can serve as guiding principles for program developers:

- All families have strengths and these strengths are identified and incorporated into the development of the program.
- Families are a system of influence and the transmission of values happens within that system; therefore, all family members are incorporated by some means into the design of the program.
- Informal and/or formal support for families is provided as part of the program's day-to-day structure.
- Literacy is an on-going process and programs will recognize that all families are somewhere on a literacy development continuum.
- Change happens over time; therefore, programs are methodical.
- The teaching/learning process is reciprocal for both parents and children, and this reciprocity is an integral part of family literacy models (Bronfenbrenner, 1977).

At present, there are approximately 300 programs that are considered family literacy models. Developing since the early 1980s, these programs fall into four basic categories (Nickse, 1988) which classify and examine program types across two critical dimensions —(a) type of intervention (direct or indirect) and (b) type of participant (adult or child). Program participants receive specific benefits; indirect participants benefit as a result of work with the primary recipient.

As a way of expanding efforts to solve the nation's literacy problems, the National Center for Family Literacy was formed in 1989. It is a private, nonprofit corporation funded primarily with a grant from the William R. Kenan, Jr., Charitable Trust. The Center's agenda focuses on the intergenerational transfer of literate behaviors in families and seeks to maximize the strengths of families as they struggle to participate fully in a literate society. This agenda is addressed through advocacy and dissemination of information, research and development, and implementation assistance.

The Center has also established a clearinghouse of family literacy programs representing models that include the key elements of instruction for undereducated parents, developmental activities for children, and a time for guided parent-child interaction. Activities of the Center promote public awareness of the cyclical problems of illiteracy through seminars, presentations, information, and policy work on the local, state, federal, and international levels. The Center has documented the Kenan Trust Family Literacy model and continues to research the outcomes at the Kenan model sites.

Implementation assistance is provided through program planning and model development, and goal setting and matching funding resources to those goals. In addition, training related to the implementation of the Kenan model, adult education methodology, early childhood education, parent-child interaction, computers and family literacy, and the evaluation of family literacy programs is provided. To date, 1071 people have received training at the National Center.

Also in 1989, NCFL began providing technical assistance for several program models, including the federally funded Even Start programs and the 1990 recipients of The Barbara Bush Foundation for Family Literacy grantees.

It has always been true that education has been *the* pathway out of poverty and welfare for every ethnic group and generation. Family literacy programs seek to combine education with the uplifting of a parent's self-esteem and self-worth, thus establishing the head of the household as the true leader and guiding force of her/his family. It is the hope of the National Center for Family Literacy that by providing program assistance, information, research, and support to the country, family literacy will benefit all of us and strong families will emerge to take their places in a literate society. ☐

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The National Center for Family Literacy is a member of the Family Resource Coalition.

by Jeanne Heberle

PACE: Parent and Child Education in Kentucky

In 1986, Kentucky was acutely aware of serious economic and educational problems. The 1980 Census showed the state was 50th in the nation in percentage of high school graduates, and the lack of an educated work force made attracting and keeping businesses with good jobs extremely difficult.

Too many young children were coming to school unprepared to learn, and it was acknowledged that teachers could not make up the lag without the cooperation of families. Most educators were becoming aware that undereducation was intergenerational and all literacy originated with the young child at home. The value of good early childhood education was recognized, but without follow-through by the school and the family, it seemed the benefits didn't last. Adult education was helpful as a remedial effort, but there was no evidence that simply raising the parents' educational level guaranteed success for the child.

The problem was obvious; the question was where to begin to break the pattern. Early childhood, adult education, and family support programs were already in operation, but educational achievement in Kentucky was not improving. Ideas for solutions were being sought. Serendipitously, two enthusiastic, concerned educators in the fields of adult and early childhood education and one enlightened, influential state legislator (also an educator) were in a position to pool their knowledge, interest, and abilities. The group agreed that a program which was simultaneously preventive and remedial within the family, and that fostered a partnership between the school and family should have a powerful effect. A family literacy program was called for that recognized the interdependency of the socializing forces of both family and school.

The group's proposal for a family literacy program in public schools was persuasive, and the 1986 Kentucky General Assembly funded six pilot Parent and Child Education (PACE) programs, increasing the number to twelve in the following fiscal year. The program was successful and gained statewide and national attention. It won a prestigious innovations award from the Ford Foundation and Harvard University in 1988, a statewide Community Education award in 1989, and the Council of State Governments innovations award in 1990.

Also in 1988, after visiting the Kentucky program, the Kenan Family Charitable Trust funded seven family literacy programs in Louisville and North Carolina. The Kenan Family Literacy Project developed into the National Center for Family Literacy (see page 12) that now disseminates, researches, and trains for family literacy programs throughout the nation.

The recognition and measurable achievements of the PACE program have brought support for its expansion and continuation. The 1990 General Assembly moved PACE from the Kentucky Department of Education to the new Workforce Development Cabinet and expanded the program to 33 classrooms in 30 counties and school districts.

The PACE Program

A state-funded family support and education program, PACE is designed to break the generational cycle of undereducation. Parents without high school credentials come to a public school with their 3- or 4-year old children; transportation and two meals are provided. After breakfast together, the parents go to adult education classes while the children move to an early childhood education program. After two hours, the parents return to the children's classroom and teach their children, using the materials and equipment there. After lunch, the children take naps and the parents gather for a family support session with the teachers.

Through research, evaluation, and monitoring, the operation, curricula, and training for the program have evolved and improved during the past four years. The Family Resource Coalition, headquartered in Chicago, is developing the PACE Family Support Curriculum for use during parent-time sessions and trains PACE staff members in how to work with families. Training in the Comprehensive Adult Student Assessment System, the whole language-emergent literacy approach, and the High/Scope early childhood curriculum is now provided for PACE staff members by the National Center for Family Literacy in Louisville, Kentucky.

Over the four years, PACE has reached the measurable goals proposed to the General Assembly in 1986. Each year, 70 percent or more of the adult participants have either received a GED or raised their level by two grades as measured on the TABE. The children have shown an average 28 percent increase in developmental abilities as measured by a validated, criterion-referenced instrument, and significantly, the majority of PACE graduates regularly attend school and have not been retained in grade. A preliminary study (Yun Kim, 1987) and doctoral dissertation done at the University of Kentucky (Yun Kim, 1988) found a rise in parents' educational and vocational aspirations for their children's achievement and a decrease in reliance on spanking as a disciplinary measure.

PACE had a higher retention and GED pass rate than conventional adult learning centers. Although most participants were young women with small children, a review of the program in 1988 showed that a significant number (63 of 145) of PACE GED graduates were either working or enrolled in further educational efforts (Hibpshman, 1989).

Kentucky is in a unique education reform position today as the only state whose entire educational system was declared unconstitutional, requiring every law to be changed or reenacted and allowing new ones to be written. A critical section of the 1990 Kentucky Education Reform Act calls for family resource and youth service centers in or near all schools, with 20 percent of the population eligible for free lunch, and requires PACE programs, childcare, health, and social services to be a part of these resource centers. The PACE program will strengthen and be strengthened by this unprecedented educational reform effort.

The PACE model of family literacy is working in Kentucky, and it is being disseminated and replicated nationwide. It is expected to play an important role in the implementation of the federal Family Support Act as a humane, effective choice for parents mandated to continue their education and training. This educational effort within families, in close partnership with schools, could be the force to break the cycle of undereducation. □

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Jeanne Heberle is the cofounder of the award-winning Kentucky PACE program, and for the past four years, she has worked in the Kentucky Department of Education and the Workforce Development Cabinet as the PACE Program Coordinator. During the past 25 years she has been a nursery, elementary, and high school teacher, a university instructor, a curriculum designer for an experimental childcare center, a Head Start director, a trainer and program and contract monitor for federally funded childcare programs, and a kindergarten consultant. She is married to a professor of political science and they have four daughters and one granddaughter.

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PACE is a member of the Family Resource Coalition.

by Rud and Ann Turnbull

How to Go For It: Beach Center Research Builds Family Strength

As parents of a young man who has multiple disabilities, we have often said, "We wish we knew how to. . ." and then filled in the blanks as his and our lives evolved. As professionals in the field of disabilities, we continually say, "We wish we could answer families' and professionals' questions on how to. . ."

At the Beach Center on Families and Disability at the University of Kansas, we are trying to discover answers to those how-to questions. We do that by sponsoring nine research projects, listening hard to the concerns of families and professionals, and getting the research results into their hands in family friendly or professionally apt ways.

We are interdisciplinary in our work. Thus, our nine research projects have different methodologies (survey, single-subject, naturalistic, and policy analysis and legal research); they also encompass the life-span concerns of three major disability groups—developmental disabilities, emotional disabilities, and technology support.

In a nutshell, we seek to see families in different ways so we can help them in better ways. We are guided by six principles: affirming positive contributions, envisioning great expectations, making wise choices, building supportive relationships, enhancing inherent strengths, and achieving full citizenship.

Our Center was established in 1988 and is the only federally supported rehabilitation research and training center of its kind in the United States. We receive funds from the National Institute for Disability and Rehabilitation Research, Office of Special Education and Rehabilitative Services, U.S. Department of Education; the University of Kansas through the Department of Special Education and Bureau of Child Research; and from private funds. The Center is named for our friends Marianna and Ross Beach of Hays, Kansas, in recognition of their long-standing efforts to support family-focused programs in Kansas, the United States, and Central and South America.

The How-to Questions

One of our questions is: How to help parents help other parents? We know that many people rely on parent-to-parent programs, the kind that match a veteran parent in a one-to-one relationship with a new parent for the purpose of providing emotional and informational support. We also know that there has been almost no research on how the model works or its outcomes. So, we have compiled a list of 650 parent-to-parent programs, analyzed and summarized the results of a comprehensive survey of more than 350 such programs, and mailed a survey to 3,000 referred parents and 1,600 veteran parents to learn about their experiences with this model. We plan to publish a national resource directory, a manual of best practices, and training materials on best practices. As a parent-to-parent program clearinghouse, we have been able to connect programs that were previously isolated and enhance communication and collaboration among local and state entities.

Another of our questions is: How to support families? Take the IFSP process as an example. P.L. 94-142 requires parents and school teams to collaborate on an Individualized Family Service Plan to maximize the possibilities for a child with disabilities. Having conducted research on the IEP process and having been participants in planning for our son, we know that neither families nor service providers have an existing model for how to develop, implement, or evaluate best practices in this area. We are determined to learn how to transform the IFSP process from a procedural one, with an obsessive focus on compliance with legal technicalities, to one of genuine family support and empowerment.

Our concentration is on two life-span stages—families of infants/toddlers and families of young adults in transition from high school to supported employment and residential independence. We have conducted focus group studies with families and providers to identify their preferences for the process, and are currently synthesizing that research into a holistic process of best practices for individualized family support.

The focus is on community-building rather than traditional case management. Our naturalistic evaluation research will help us answer how-to questions on two levels: How to develop marathon skills for families such as raising expectations, connecting with friends, identifying their child's positive contributions; and how to develop specific family outcomes, such as access to information on the disabling condition. In essence, we are trying to learn about the long-term outcomes of a family friendly, community-building model of individualized family support using problem solving as the cornerstone.

There is a related how-to question concerning family support: How best to establish state policies of family support? We have conducted and are now publishing results of an extensive policy analysis of family support that combines theory and research outside and within the disability field, and makes recommendations for a state policy and program. In addition, as a result of comprehensive legal research, we have developed a model state statute for family support that creates state law, describes the principles behind the law, sets up a state program, and describes how it should be operated. Our model is annotated to the laws of 50 states and also contains charts analyzing the content of those laws.

We believe this policy and legal research complements our intervention research on individualizing for family support, so that, at the state policy level as well as the direct service level, we can learn more about how to help families in better ways—by seeing them as capable in more ways than they have been regarded in the past.

We are sponsoring or conducting other areas of research as well:

- how to enhance cognitive coping skills in families including identifying positive contributions of the child, making social comparisons, making causal attributions, and perceiving control of the future;
- how to prevent out-of-home placement of teenagers with serious emotional problems by teaching skills to families such as communication, problem solving, anger control, and how to improve school performance;
- how to identify and create supports needed by biological, adoptive, and foster families in maintaining their children in the most home-like environment;
- how to identify and incorporate family perspectives of the values, goals, and strategies of family support programs; and
- how to identify and analyze barriers and resources used by families and professionals that affect the educational and service decisions of children who are ventilator-assisted.

Dissemination and Training

Here we have faced new how-to challenges: to reach professionals in their accustomed as well as more relevant ways, and to reach families through family friendly approaches. Dissemination to professionals has been much easier since traditional mechanisms are already in place. For example, we have just completed the second edition of our text, *Families, Professionals, and Excep-*

Benefits of parent-to-parent communication are a focus of the Beach Center's work.

tionality: A Special Partnership (Columbus, OH: Macmillan Publ. Co., College Division, 1990), including research results from the Center. This book is for graduate and undergraduate students in the disability field who take courses on working with families.

We have a new doctoral program in Family Studies and Disability in the Department of Special Education at the University of Kansas (the department is ranked first in the nation in preparation of doctoral students according to faculty in its peer departments). This new program is based on concepts of critical reflective inquiry across a broad range of family issues. The Center has four first-year and two second-year students, all of whom are immersed in Center projects that keep them in direct contact with families.

Disseminating to families is a more difficult task because much of the research knowledge has not reached them or their direct service providers very effectively. Because we believe it is essential to forge a researcher-family partnership, we hosted a conference titled, "The Principles of Family Research" in May 1989. At this meeting, twenty researchers and twenty families examined their own values, assumptions, and practices and then proposed principles for conducting family research. The pervading theme of the principles is that researchers and families each have unique knowledge and perspective and that the research process will be strengthened by having collaborative partnerships.

As a follow-up, we hosted a conference in June 1990, in which leading theorists and researchers in cognitive coping (from social psychology and disability fields) joined with families (who are expert cognitive copers) and service providers (who are expert at using the results of cognitive coping research to support families) to determine the status and future direction of cognitive coping research.

We continue to develop family friendly means of sharing research information. Our free newsletter (three issues yearly) always highlights one of the Center's six principles and includes research abstracts, tips on techniques for how-to interventions, policy analysis, and stories about families that illustrate the major principle and the research focus.

We are also trying to share our research and how-to knowledge through video and audio tapes. We have just completed a three-part C-band teleworkshop entitled, "Is there Life after High School for Students with Moderate and Severe Disabilities? Great Expectations and Best Practices." In three 90-minute shows, we used a combination of point-counterpoint debates with each other, call-in interviews with families, taped interviews with national leaders, panels of practitioners who are doing best practice, call-in questions, and upfront and personal conversations with each other, based on our personal experience. A long-term impact evaluation will be undertaken to determine what changes viewers made, based on the program information.

The Center is also field-testing its first research and how-to manual on supported employment. Finally, we are preparing for a three-day summer institute in Lawrence on "Life after High School" for families, adults with a disability, and professionals. We are particularly seeking pioneers and frontier-breakers who can envision new lifestyle options and have the drive and energy to make their visions come true.

We involve more than forty sensitive, committed, skilled, colleagues who all send the same message—that family life which includes a member with a disability can be enriching and enjoyable. We all work to combine research, experience, dissemination, and training so that families can shoot for the stars. All of us say, "Go for it, now." We ask only one favor: let us hear from *you* about going for it.

Dr. Ann P. Turnbull is Codirector of the Beach Center on Families and Disability, Professor of Special Education, and Acting Associate Director of the Bureau of Child Research at the University of Kansas at Lawrence. She serves on the board of directors of the National Center for Clinical Infant Programs and as Chairperson of the Family Committee of the International League of Societies for Persons with Mental Handicap. She has authored numerous books and articles on disabilities with a special focus on families, the integration of people with disabilities into the mainstream of school and community life, and the individualization of their education.

In addition to codirecting the Beach Center on Families and Disability, H. Rutherford Turnbull III (Rud), is Professor of Special Education and the Law, and Senior Research Associate of the Bureau of Child Research. He has authored numerous books and articles on consent, the doctrine of the least restrictive alternative, and disability-related issues of law, ethics, policy, and families. Mr. Turnbull has been legal counsel for the North Carolina legislature on disability matters and was the principal draftsman of that state's special education and limited guardianship laws. He has been an expert witness before committees of the U.S. House and Senate and served as special counsel on two disability cases in the U.S. Supreme Court.

We invite you to write for copies of research abstracts, annotated bibliographies, technical reports, videos, and our Publication Catalog (listing all articles, chapters, monographs, and books completed during the Center's first two years). The address is: Beach Center on Families and Disability, 3111 Haworth hall, Bureau of Child Research, Lawrence, KS 66045 913/864-7600.

The Beach Center is a member of the Family Resource Coalition.

■ by Joe H. Brown, Carolyn S. Brown, Pedro R. Portes, and Vern Rickert

Family Divorce Adjustment Program:

A Model for Improving Children's Post-Divorce Adjustment

This article describes the Family Divorce Adjustment Program (FDAP) which is currently being implemented in selected schools and family service agencies throughout the greater Louisville, Kentucky area. The program is based on research which suggests specific ways to reduce risk and symptomatology in family members at the time of divorce.

Effects of Divorce

There is considerable evidence that divorce can increase the likelihood of adverse effects on the psychological well-being of spouses. Separation and divorce are processes that require adaptation to rapid change; yet, the nature of divorce can undermine the adult's capacity to parent, leaving the child at risk for anxiety and depression.

Extensive evidence also exists suggesting that parental separation/divorce is a painful, stressful experience for children and that it creates many changes in a child's life. Even given the most positive situation, children experience feelings such as guilt, anger, embarrassment, disbelief, fear, and grief; and even under the best circumstances, a child needs time and support to regain stability felt before the divorce.

Wallerstein and Kelly (1980) suggest that children must master six hierarchical divorce-related coping tasks in order to adjust satisfactorily:

- acknowledging the reality of the divorce and achieving a realistic cognitive understanding of it
- disengaging from parental conflict and resuming the child's agenda
- resolving the many losses that divorce imposes
- resolving problems of anger and self-abuse
- acknowledging the permanence of divorce
- achieving realistic hope about one's future relationships

Research suggests that parents need to be involved to help children master these tasks during the divorce transition, yet this is a time when parents are experiencing much conflict also and have a lesser capacity to respond to and support children. For this reason, a program designed to support both children and parent is warranted. There seems to be a clear need for children to discuss concerns in the absence of parents because many children are reluctant to further burden parents. Yet there is also a need to facilitate parent-child communication. The FDAP program provides time for parents alone, children alone, and for parents and children together.

Children's Support Group

The Family Divorce Adjustment Program

The FDAP is designed for parents and children to cope more effectively with problems that result from divorce. The major goals of the program are (1) to prevent or reduce anxiety, aggression, depression, and behavioral problems, and (2) to increase social competencies that are critical to preventing children's post-divorce maladjustment. The program's five major objectives are to:

- increase children's competence by teaching specific skills to identify divorce-related feelings in self and others
- reduce feelings of isolation and misconception about divorce
- increase children's awareness of how divorce affects their parents
- increase appropriate ways children can respond to anger
- develop parental competence by teaching skills to handle life adjustment issues, children's divorce-related concerns, co-parental relationship, and parent-child relationship.

The FDAP is a group intervention for custodial and non-custodial parents and children. The curriculum places emphasis on (a) a supportive climate where feelings can be freely explored, (b) acquisition of problem-solving skills for divorce-related problems, and (c) ways for parents and children to develop better relationships with each other.

Group sessions include approximately eight families with a child or children between the ages of 8 and 12. Sessions last approximately two hours in a community-based setting (e.g., church, family agency, family life center) located close to where the family resides.

The educational support group program is based on an empirical body of data which suggests specific ways to reduce risk and symptomatology in family members. It is based on the assumption that symptoms occur at the time of divorce when individual characteristics of the family member interact with dysfunctional family processes. Each component of the program is designed to address the five factors that make members at risk at the time of divorce: (1) age and sex of the child, (2) pre-divorce family functioning, (3) post-divorce parent-child relationships, (4) post-divorce parental relationships, and (5) parent-child support systems. Families who successfully complete this program should be able to progress developmentally to the next life cycle stage.

FDAP is divided into twelve units. Six units are designed for custodial parents alone, three units for non-custodial parents alone, four units for children alone, and one optional unit for parents and children together. The support groups last approximately eight weeks. A brief description of each unit follows:

UNIT 1: Understanding Divorce (for Custodial Parents). Parents learn how to identify common divorce-related concerns expressed by children, and problems that are unique to a single parent.

UNIT 2: Getting Acquainted/Sharing Feelings about Divorce (for Children). The purpose of this unit is to help each child feel comfortable in the group and to recognize that his/her situation as a child of divorce is not unusual. Children learn that the feelings they are experiencing are fairly typical of other children in similar situations. By understanding their feelings and recognizing the feelings of others, they will be able to provide support for others as well as to receive support for themselves.

UNIT 3: Responding Appropriately to Children's Divorce-Related Concerns (for Custodial Parents).

UNIT 4: Understanding and Changing Misperceptions about Divorce (for Children). Children are encouraged to express their fears, accept the reality of divorce, and more clearly understand why their parents separate.

UNIT 5: Post-Divorce Parent-Child Relationship (for Non-custodial Parents). This unit helps non-custodial parents respond appropriately to children's divorce-related concerns. Parents learn ways to build positive relationships with their children. Non-custodial parents are encouraged to maintain a regular visitation schedule.

UNIT 6: Coping with Anger about Divorce (for Children). Children learn ways to reduce anger and resolve problematic situations rather than stay immobilized by their own emotions.

UNIT 7: Dealing with Anger Towards the Ex-Spouse (for Custodial and Non-custodial Parents). The purpose of this unit is to help each parent control his/her anger towards the other.

UNIT 8: Coping Skills for Dealing with Divorce (for Children). The purpose of this unit is threefold: (1) to help children distinguish between problems they can or cannot solve: (2) to teach them a strategy for solving problems over which they have some control; and (3) help them learn to accept/deal appropriately with the situations they cannot change.

UNIT 9: Developing Social Support Systems (for Custodial Parents). Parents acquire skills for developing adult social support systems and helping children get support for themselves.

UNIT 10: Legal Issues, Financial, Time and Resource Management (for Custodial Parents). Parents acquire information about (a) legal issues (support payments, visitation, and custody), (b) financial issues (credit eligibility, support payments, etc.), and (c) time and resource management.

UNIT 11: Co-Parental Relationships (for Custodial and Non-custodial Parents). This is an optional unit, the purpose of which is to help both parents learn skills for developing a positive co-parental relationship and how to avoid fighting through the child.

UNIT 12: Post-Divorce Family Time (for Custodial and Non-custodial Parents and Children). This is also an optional unit, the purpose of which is to strengthen and develop routines to help children adjust to divorce. The unit is divided into two halves: The first part will involve the custodial parent and child(ren), and the second part will involve the non-custodial parent and child(ren).

Parents and children develop positive family rituals (e.g., holiday celebrations, meals, trips) that blend new life patterns with the old family.

FDAP Group Leaders

The authors of the FDAP make several assumptions about leaders of the program. First, they should be trained in theoretical principles and group process. Second, group leaders should have completed five hours of training to administer the program. Content of the training includes: (1) discussion of session objectives, (2) methods for conducting role-playing activities, (3) discussion questions for filmstrips, (4) topical questions to facilitate the understanding and resolution of divorce-related problems, and (5) scoring procedures for evaluation instruments. Finally, group leaders should understand that divorce is a transition point that requires adaptation of all family members.

Group leaders meet weekly with the program director to review the following areas: (1) monitoring program activities of preceding sessions, (2) planning for future group training sessions, (3) modifying program goals and activities, and (4) evaluating program objectives and goals.

Evaluation of the FDAP

Three primary measures are used to assess changes in both parents and children during training. The Divorce Adjustment Inventory (DAI) (Portes, Haas, and Brown, 1988) provides both a parent and child rating of pre- and post-divorce adjustment (e.g., "Overall, I would describe my children's ability to cope with our divorce as poor or very poor.") and family processes (e.g., "Since the divorce my spouse and I have criticized each other openly."). The DAI for parents consists of 31 Likert Scale items related to pre- and post-divorce family functioning, children's coping skills, and social support systems before and after divorce. The DAI for children consists of 15 Likert Scale items that assess the child's adjustment to divorce.

A third measure, the Group Leader Rating Scale (GLRS), includes ten items that measure the parents and child's post-divorce adjustment (e.g., "Has difficulty expressing anger appropriately," "Participates in group discussions," "Blames self for divorce"). Each item is rated on a 5-point scale (1 = not a problem, 3 = somewhat of a problem, 5 = serious problem). Group leaders administer the GLRS at the end of the sixth and twelfth sessions. Evaluation of the program is currently underway.

Recent Applications

The FDAP is currently being implemented in churches, family service agencies, and schools. Efforts are being made to orient lawyers and judges about the program so that families can be referred at the time of divorce.

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■ **Weissbourd and Powell** *Continued from p. 3*

For Children's Sake: Family-Centered Childcare

it will set the stage for new directions in program and new relationships with parents. Limitations in staff and funding may necessitate that changes be incremental, such as allowing more time when parents pick up their children, having a place where parents can have coffee and talk to each other at pick-up time, informing parents that their help is wanted in planning—and then organizing a meeting to start doing so—or providing a class in English to assist Hispanic parents. An approach that the family and child together are the concern of the early childhood staff leads to a myriad of creative ideas, and the desires and needs of the particular population served can set the parameters of how to proceed.

The success of a major shift to family-centered concepts among early childhood educators and parents necessitates a public policy that recognizes its importance. Legislation such as Part H of P.L. 99–457 (an amendment to the previously mentioned Education of Handicapped Act to include children of 0–3) mandates an assessment of family needs and family strengths from the family's perspective, unlike the more usual focus on family dysfunction from the view of a judgmental authority.

Likewise, the Comprehensive Child Development Act of 1988 emphasizes skill-building and competency programs for parents which foster a healthy home environment for children, and the Homelessness Prevention and Community Revitalization Act of 1990 includes a family support component. The awareness that children's services ought to be delivered in the context of their families is rapidly growing also, and with it comes the awesome task of assuring that the principles underlying a family-oriented approach are understood and aptly applied.

The commitment to family-centered childcare comes from early childhood educators who believe it is an approach that enhances the possibilities of reaching their goals for the children they serve, and it comes from parents who seek a partnership with the people to whom they have entrusted their children for a major part of the day. Putting family-centered childcare on the agenda requires public understanding in order to create a climate in which policymakers would incorporate and fund support to families in all child-related programs. Meeting that challenge should not be so difficult, since it is based on a strongly felt conviction in our country that primary responsibility for the child lies in the family, and that it is the responsibility of society, through its policies and institutions, to assist the family in its role. ☐

Photographs on pages 1, 18, and 19 courtesy of Parents As Teachers National Center.
Photo credit: Gary Bohn/The Ford Foundation

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Bernice Weissbourd is President and founder of Family Focus, a not-for-profit organization providing programs for prospective parents and parents with children through age three, and cofounder and chairman of PARENT ACTION, a newly formed national advocacy organization of parents. She is a contributing editor for Parents *magazine, coauthor of* Creating Drop-in Centers *(1979),* Infants: Their Social Environments *(1981), and* America's Family Support Programs *(1987), and writes journal articles and book chapters on early childhood and the family support movement. Bernice is a member of the Congressional National Committee on Children, and serves on numerous national boards including the National Center for Clinical Infant Programs, Child Care Action Campaign, and the Mental Health Law Project. She is past President of the American Orthopsychiatric Association, and former Vice-President of the National Association for the Education of Young Children. She was an honorary Commissioner to International Year of the Child, and has received numerous awards from professional and child advocacy groups. Bernice is founder and President of the Family Resource Coalition.*

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by Mildred M. Winter

Investing in Good Beginnings for Children

Parental love is as natural as rain, but parenting skills have to be learned.
(William Raspberry, *Washington Post* August 16, 1990)

Missouri has been acting on this premise since 1985, acknowledging that babies are born learners and that parents deserve information and support as their first teachers. In an effort to help parents give their children the best possible start in life, Missouri passed the Early Childhood Development Act of 1984, the first state in the nation to mandate school districts to provide parent education services to families beginning at the child's birth. The enactment of this landmark legislation can be attributed to the State Department of Education's perseverance dating back to 1972, the zeal of the governor, a first-time father, in marshalling inter-agency and bipartisan support, and the backing of powerful citizen groups.

Parents as Teachers Pilot Project

The value of helping parents nurture their young child's development was demonstrated through a pilot Parents as Teachers (PAT) project initiated in 1981, as a cooperative effort of the Missouri Department of Education, the Danforth Foundation, and four local school districts representing urban, suburban, and rural communities.

The project was rooted in the research of the 1950s and '60s indicating that the early years are of primary importance in the development of major abilities—the very years when parents are forming and cementing their approaches to childrearing. The PAT project enrolled some 350 families who were expecting their first child and who represented a cross-section of socioeconomic strata and family configurations.

The benefits of the program were confirmed by an independent evaluation conducted in 1985. At age 3, children in the pilot project were significantly more advanced than comparison group children in language, social development, problem solving, and other cognitive abilities—competencies that are essential to later school achievement. Parents and children benefited from participation regardless of socioeconomic status and traditional risk factors.

As a result of the success of the pilot project, Parents as Teachers became the model for statewide early childhood family education in Missouri.

Statewide Program

This home-school partnership which begins at the onset of learning acknowledges parents as specialists on their own children and regards professional educators as generalists who have research-based information on child development to share with families.

PAT provides the following services to families:

- information and guidance that helps expectant parents prepare for the adjustment of having a new baby in the home
- personalized home visits by specially trained parent educators who offer timely information on child development, practical ways to foster growth and learning, and effective ways to deal with difficult situations
- group meetings where parents can share experiences, common concerns, frustrations, and successes
- periodic screening that ensures against youngsters reaching age 3 with an undetected developmental delay or handicapping condition
- a referral network that helps parents link with any needed assistance or special services that are beyond the scope of the program

Since 1985, professional staff from the pilot project have trained and credentialed more than 2,000 parent educators. To maintain program quality, the State Board of Education sets specific standards for parent educators and for local program operations. The Parents as Teachers National Center was established by the Department of Education to conduct in-state training, curriculum development, and program adaptation. Outside funding enables the Center to provide training and technical assistance to others interested in the PAT model and to coordinate research and evaluation studies of the program.

Statewide expansion has challenged the program to demonstrate its effectiveness in the inner cities, with the rural poor, with adolescent parents, and other special populations. The Missouri experience has shown that need for support and assistance in the parenting role crosses all socioeconomic and education levels.

Future Outlook

Widespread acceptance of the program has led to a steady increase in funding. Some 40 percent of eligible families will be served in 1990-91, and the state's goal is to fund services for all families by the year 2000.

The exportability of Parents as Teachers outside Missouri is evidenced by its 120 replications in 33 states as of September 1990. Professionals have been trained in the model from as far away as New Zealand and Saudi Arabia. PAT's adaptability to delivery systems other than public schools is being demonstrated through programs in childcare centers and in the workplace, under corporate sponsorship.

While PAT has received two prestigious national awards, perhaps the biggest payoff for the state has been the evidence that PAT produces lasting benefits for children and families. An independent study of pilot project and comparison group families was conducted when the children were enrolled in first grade in 71 different schools. The study shows:

- PAT children scored significantly higher on standardized measures of reading and math achievement.
- PAT children were rated higher than comparison children in all areas of teacher evaluation.
- A significantly higher proportion of PAT parents initiated contacts with teachers and administrators and took an active role in their children's schooling.

As Missouri Commissioner of Education Robert Bartman states it, "An investment in good beginnings for children is 'smart money.'"

Mildred Winter is Director of the Parents as Teachers National Center. As former Director of Early Childhood Education for Missouri, she coordinated the PAT pilot project and was a key player in building coalitions for passage of the Early Childhood Development Act. For further information, contact the PAT National Center, Marillac Hall, University of Missouri-St. Louis, 8001 Natural Bridge Rd., St. Louis, MO 63121 314/553-5738.

FRC Welcomes New Executive Director

It is with particular pleasure that I announce Judy Carter as Executive Director of the Family Resource Coalition. My enthusiasm is not a formality nor the usual cliche accompanying such announcements, but emanates from personal experience with Judy over the last six years. I am certain she is the ideal choice for us.

We are in a period of rapid growth, a time when our organization requires administrative and management skills that will assure expansion does not exceed the capability to respond. Judy has demonstrated, in her role as Executive Director of the Ounce of Prevention (1987–90), the ability to build an organization's internal structures, develop and manage a large budget, reach out for new funding sources, and inspire a talented staff to achieve well-defined goals.

Family resource and support programs have become a major agenda item for state systems as they plan more effective service delivery to children and families, and the Coalition is in demand as a consultant in that process. Judy, through her work as a member of the Council of Governors' Policy Advisors, and her involvement as chair of the Illinois Child Care Summit, has shown a clear understanding of state systems and acquired important experience in working with states to develop new policy directions.

On the national scene, the Coalition is involved in legislative efforts to establish and expand family resource and support programs, and to promote family support principles as a component of service delivery. It is imperative that the Family Resource Coalition be represented by a convincing spokesperson familiar with the political process. Judy has had years of such experience: as a researcher, fundraiser, and speaker for the Jimmy Carter campaign (1974–76), and in testimony before numerous Congressional commissions where her effectiveness as a speaker and her public presence has been well noted. She has become sought-after as a presenter at conferences, national meetings, and public policy events.

I speak of Judy's talents from personal experience, since prior to being Executive Director of the Ounce of Prevention she was on the staff of Family Focus as Public Education Director (1984–87), and subsequently became director of KidsPEPP (Public Education and Public Policy), an advocacy group formed by Family Focus and the Ounce of Prevention. Judy is deeply committed to the issues of our concern. She is loyal to her coworkers and inspires loyalty. She has an insightful mind which cuts through trivia and analyzes the important. She is restrained in manner, yet a strong leader.

Moving to the national scene of which she is so much a part is an appropriate step for Judy and comes at an opportune moment for the Family Resource Coalition. I hope that in your continuing work with FRC you will get to know her. It will surely lead to mutual respect. Together we can look forward to the years ahead. ☐

Bernice Weissbourd

Bernice Weissbourd, President

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FRC REPORT
Design, JANE BROWN
Typography, SKRIPPS & ASSOCIATES
Printing, BOOKLET PUBLISHING CO., INC

The ***FRC Report*** is published three times a year in the public interest by the Family Resource Coalition, a tax exempt, nonprofit organization. Membership in the Coalition includes a subscription to the ***FRC Report***. Readers are encouraged to copy and share its content; we request you credit the Family Resource Coalition as the original source of information.

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FAMILY RESOURCE COALITION

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FAMILY
RESOURCE
COALITION

Family resource programs have emerged since the 1970s as a spontaneous response to the need for more support expressed by parents and the awareness by people who work with families that preventing problems is the most effective approach. Although the settings for programs and the resources they offer families vary widely, one goal is shared by every program: increasing the capacities of all families to nurture their children.

All family resource programs are based on the assumption that parents who are confident and competent are more likely to have healthy, productive children. The pervasive, intentional incorporation of family empowerment in all aspects of a program as a way to enhance child development differentiates family resource programs from other services for families.

The guiding principles of family resource programs reflect a reliance on partnerships with parents.

- The basic relationship between program and family is one of equality and respect; the program's first priority is to establish and maintain this relationship as the vehicle through which growth and change can occur.
- Participants are a vital resource; programs facilitate parents' ability to serve as resources to each other, to participate in program decisions and governance, and to advocate for themselves in the broader community.
- Programs are community-based and culturally and socially relevant to the families they serve; programs are often a bridge between families and other services outside the scope of the program.
- Parent education, information about human development, and skill building for parents are essential elements of every program.
- Programs are voluntary, and seeking support and information is viewed as a sign of family strength, not indicative of deficits and problems.

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FAMILY RESOURCE COALITION

report

Volume 10, Number 1—1991

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Welcome to this special edition of the Family Resource Coalition *Report*. A redesigned masthead, a unique cover, and a retrospective theme give hints that this is not a usual *Report*.

In celebration of our tenth anniversary, the Coalition asked several people who have been essential to the growth and development of the family resource field to describe what has happened in the last ten years of the family resource movement and to help us look into the future as the Coalition enters its second decade.

Long-time members and friends will recognize every author and every program and read between the lines about the years of struggle and hope that each article represents. More recent friends will discover background on the new wave of services that family resource programs deliver to families and a vision of our potential from the leaders in our movement.

Associate Director Lynn Pooley updates some of the true pioneer programs which started before the Coalition existed. Their stories vividly describe the process required to develop a completely new way of relating to families and communities. FRC Executive Director Judy Langford Carter explores the other settings where family resource principles have been integrated into existing services. Former Board member Ellen Galinsky reports on the positive ways the workplace has been influenced by family resource programs and ideas.

The centerpiece of this anniversary issue is an interview with Bernice Weissbourd, Coalition founder and President, who has been the unquestioned leader of the family resource movement. A conversation with her friend and colleague, Dr. Dolores Norton, explores how the original ideas have been implemented over the past ten years and what her vision is for the future.

Frank Farrow, the current Coalition Board Chair, follows the public policy changes family resource programs have inspired. Carl Dunst and Douglas Powell, both long-time Coalition Board members, report on the status of training and evaluation in this still-new field. FRC Vice Chair Sharon Lynn Kagan looks at the challenges that still lie ahead as the movement continues to grow.

The commitment of the people involved in the Family Resource Coalition is what has kept it vital and growing. FRC members, the staff, and those who have served on the Board of Directors and Advisory Committee over these past ten years have invested incalculable effort to make sure that the training, networking, information sharing, and advocacy required for the movement to thrive could happen. This issue is dedicated to them and to the reality they have made possible. ■

■ by Lynn E. Pooley

Pioneer Programs Recall a Decade of Struggle and Success

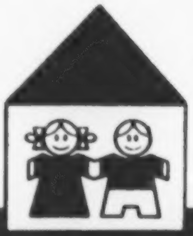
As the Family Resource Coalition celebrates its milestone tenth anniversary, it does so in the company of many family resource and support programs across the country. We asked five of those pioneer programs to reflect on the changes that have occurred over this decade, and although their descriptions are brief, we believe the thoughts and the issues expressed here are reflective of thousands of other programs operating today and represent the ever surprising diversity of families who are served by family resource and support programs.

Reading through the stories, some common themes emerge. The first and most obvious is that after ten (and in some cases more) years, the programs still exist. Their history parallels that of the Coalition's in that it has not always been easy or without struggle, but we have managed to survive, to expand, and to continue providing support and resources to families. It is an astonishing testimony to people's creativity that just these five programs alone can touch the lives of approximately 8,000 families a year.

Another theme that emerges, one that FRC can validate, is the growing understanding and recognition of the need for family resource and support programs. While everyone may not know or understand these programs, we find an increasing number of people who do. One of our most difficult tasks ten years ago was explaining the why and what of the programs. We now see the language of family support is finding its way into public policy, legislation, human service literature, and even the popular media. Not only is there greater recognition of the programs and their services, but slowly, the concept of prevention is gaining acceptance.

A third issue we see in these program pieces is a crucial one—the importance of collaborative efforts. No family resource and support program can stand entirely on its own. Few programs can meet all the needs of its families, and given the country's financial condition, it is unrealistic to believe there will be any significant funding from public sources to support a large number of programs for families. Cooperative, collaborative use of existing resources for families will be essential in the coming years. Family resource and support programs must find innovative ways to work with community resources and serve as a catalyst in bringing groups together that are invested in the well-being of families. The programs should serve as models to state and local governments on thoughtful ways to pool fiscal and community resources to support and strengthen family life.

In celebrating these past ten years of struggle and success, it is most appropriate to express regard and appreciation for the caring, compassionate, and dedicated people who work directly with families. Our family resource and support field continues to be exciting and dynamic because of them, and the work they do is vitally important in shaping future generations. ■



THE PARENTING CENTER—New Orleans, LA

by Barbara Le Blanc
Assistant Director

The Parenting Center at Children's Hospital has been doing what it does best—nurturing families—for 11 years. It is a primary prevention organization providing education and support for parents with children birth through adolescence. The program began with 136 members and has grown to serve 3,673 parents/families by direct contact in 1990. The core programs continue to meet the needs of today's parents: drop-in times, classes, workshops, resource library, support groups, counseling, WARMLINE, and babysitting training.

"Over the years we have found that the need for solid, research-based parenting information hasn't changed, but how and when we provide our services has expanded to meet the needs of working-out-of-the-home parents, step families, and to address specific concerns such as in our Dads' group," comments Donna Newton, Director of the Center. "Brown Bag Seminars at the worksite, for example, are our most successful way to reach parents who work out of the home."

The Parenting Center is the most used parenting resource in the community, and our outreach services have tripled in 11 years. The Center works with schools, churches, museums, social service organizations, parent groups, the mayor's office, other hospitals, the Chamber of Commerce, specific businesses, and various community task forces by offering direct services as well as consultation.

The Parenting Center is a vital part of the Children's Hospital concept of health care and the Center's deficit is part of their yearly budget. Specific memberships, class fees, an Annual Giving Campaign, and "Boo at the Zoo," a Halloween extravaganza, generate income.

"In some ways our job is easier today because there are good curricula available, and the wealth of books and information written for parents is helping to reach a broader audience. Community acceptance of parent education has helped to open doors to hard-to-reach groups," says Ms. Newton, "and has provided new funding."

Ms. Newton sees the Parenting Center becoming more of a catalyst in bringing together groups that are interested in families. For example, The Partnership for Parenting and Family Life, a collaborative group of 50 organizations, will offer a program titled "Family Matters," highlighting broader definitions of parental involvement in schools. She also sees the Center providing more training for trainers—parents who help other parents—as an effective way to reach and support more families.

The commitment of the Children's Hospital and the P.C. Advisory Board, 20 community members and numerous other volunteers, makes the future of the Parenting Center look hopeful. "Our wish list," says Ms. Newton, "would include parent education at schools and community centers, and more funding for teen/pregnancy/parents programs. The future looks to new organizations such as PARENT ACTION to challenge the ways of thinking that undermine the modern family instead of strengthening it." ■

by Lee Ann Slaton
Director of Education

PARENTS PLACE—
San Francisco, CA

"When we started Parents Place, family support was an unknown concept," says Amy Rassen, Assistant Executive Director of Jewish Family and Children's Services. "We had to convince professionals and lay people alike of the importance of providing information and support for new families."

"In the 1970s people began having their children later and often lived far from their extended families. It became clear that new parents were often isolated and needed a way to come together for support in facing what we term the normal crises of parenthood," explains Rassen. Parents Place started modestly in 1975 with a mother-infant support group and has developed gradually, group by group and service by service. Today it is a full-service resource center for parents of children from birth to six years old. Located in a comfortable Victorian house in the heart of San Francisco, Parents Place offers support groups for parents of babies, toddlers, and preschoolers, as well as groups, classes, and workshops on specific topics. It also houses a drop-in playroom and sponsors the Warm Line, a telephone advice service for callers who have questions about parenting and child development. There is a parenting library with a selection of videotapes and a child care and community bulletin board. A branch of Jewish Family and Children's Services, Parents Place also provides counseling and consultation on child development issues. The comprehensive program serves 3,000 families a year.

"At Parents Place, we stress that there is no one right way to parent," notes Rassen. The professional staff is sensitive to family issues and can spot potential problems. They foster the kind of partnership with parents that allows problems to be solved before they become insurmountable.

Rassen considers JFCS's commitment to Parents Place a major factor in its success. The agency took the lead in the early 1980s, putting its resources into prevention and strengthening families.

During the 15-year history of Parents Place, family life has changed considerably. "Mothers are going back to work sooner after childbirth than ever before," observes Rassen. "We originally assumed that our site would be the hub of our activities, but in order to adjust to the needs of working parents, we now go where the people are—at the workplace, at day care centers, or by the telephone."

In addition, Parents Place sponsors groups for single mothers, divorced parents, adoptive parents, and the parents of twins. "We offer people with similar interests the opportunity to come together and provide mutual support," says Rassen.

Parents Place has been the model for more than 200 parenting programs around the country. In many ways it gave birth to and nurtured the concept of family support. "Now, instead of having to convince people that family support is necessary and valuable," says Rassen, "we find that Parents Place has become a community institution and there is recognition and credibility for the kind of work we do." ■

by Randi B. Wolfe
Family Focus, Inc.
Program Director

FAMILY FOCUS/OUR PLACE—
Evanston, Illinois

Family Focus/Our Place opened in 1979 as a drop-in center for pregnant and parenting teens, their children, their family members, and their peers. This comprehensive approach evolved in order to avoid the message that a teen had to get pregnant to become involved in the program, and the recognition that teen pregnancy needs to be addressed in the context of other factors and people who impact on the youngsters' lives.

The primarily black, low-income community served is plagued with the social maladies associated with poverty, including school drop-out, gangs, drugs, homelessness, and unemployment. Says Director Delores Holmes, "If we could solve the problem of poverty, it would probably take care of most everything else."

In 1983, Our Place moved into a former elementary school building, becoming primary tenant and landlord, and established the Family Focus Family Community Center. Many local residents who had attended the school remembered it as a segregated institution that served the black community. Thus the building has special meaning for the neighborhood, and its reclamation has been a great source of pride.

Being part of a larger community center has allowed Our Place to network more easily with other service providers so that participants can have access to a wider variety of services, interconnected and right in the neighborhood. This is particularly helpful given a population that is mistrustful of traditional social service agencies and therefore reluctant to access available resources.

Over the years problems such as gang involvement and drugs have become more widespread; at the same time, community funding and response to human service needs has narrowed. Solutions are more difficult to devise and the cumulative effect of these pressures is evident in the attitudinal changes of the young people. "Unlike ten years ago, youth today seem unmotivated and without hope," says Holmes. "Kids don't dream anymore. They live for today and take tomorrow as it comes. They don't think 'when I grow up…' because they're forced to live in very grown-up worlds prematurely. That's a big change from the past."

There are times when staff members feel ineffective and inadequate to solve the problems faced by the families they serve, but there is little question that Our Place has had a positive effect on both participants and community. While not all participants have sustained involvement, it is often the case that young people in trouble—facing a family crisis, or overwhelmed by pressures—will come to the center seeking support, confident that the people there will care and respond.

The center is widely recognized as a stabilizing force for the city's black community and serves as a hub for both teens and the many adults committed to helping them succeed. The school system, a central and major institution within Evanston, has always lent special support to Our Place, recognizing the center's ability to connect with the students who have often been those hardest to reach. They value the efforts of Our Place to prevent school drop-out, to encourage students who have dropped out to return to school, and to assist the young people toward school achievement.

As for the future, Director Holmes says, "We need to get involved when the children are even younger and continue that involvement throughout their development." In the meantime, she acknowledges that increasingly families are in serious trouble and "We don't have answers for the kind of trouble they're in. We need to address the range of problems these children face and pregnancy is only a small part of it." ■

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by Carolyn Micklem
founding and current
Director

WEBSTER AVENUE FAMILY RESOURCE CENTER— Rochester, NY

It's a privilege to be celebrating our 10th birthday along with yours and having the opportunity to analyze what has changed over the past decade.

Not the parents so much: Fanning out from this low income, high mobility neighborhood to more stable areas, we still find much isolation, timidity to try new things, and interest hampered by lack of transportation; little access to safe, dependable childcare; confusion around the parenting role; and a high level of financial stress.

We have changed: From a basic model of respite care, parent education, counseling, social activities, and volunteer opportunities. We have added:

- **More outreach**—from a half-time worker in 1984 to a full-time worker in 1991
- **More diversity in programming**—fewer courses and more single-session, high-interest offerings
- **More depth in programming**—added a peer-led home visiting project in 1984, job skills training in '85, single parent focus in '85, intense services for 18-25 year old mothers in '85
- **More diversity in staffing**—of 15 staff members, 5 are black, 3 Latino, 7 white
- **More support services**—increased transportation (a new van in 1989), more childcare capacity in 1990
- **More space**—now occupying four street-level stores! Added Parent Education room in '89; childcare room #2 in '90; Job Skills area in '91

Real Impact? Hard to measure. The numbers are good: consistently, about 275-300 families per year, getting about 15,000 hours of service. If you ask the parents, they say their lives change, life (and parenting) is more rewarding, friends are made, trust is built. And yes, teachers say they see a difference in the children and their parents who have been involved here. Parents gain competence and confidence and that can open many doors.

What else has changed? Prevention as a preferred approach to family stress and distress, to school failure, even to drug abuse, is gaining acceptance in discussion, if not in funding. Farsighted businesspeople are increasingly concerned about future work force competence and are discovering preschool interventions. To date, local efforts revolve around 4-year olds and the public schools; parents are part of the equation, but not an equal priority, as they are with us.

Governor Cuomo featured several preventive family initiatives in his 1991 State of the State message, but in the present climate of drastic budget cuts, little funding is expected.

The future rests on finding new and stable funding sources. We are exploring a collaborative relationship with three smaller centers (two of which we helped to start). In this way, we hope to obtain funding from state and national foundations. Our support from business, foundations, churches, and individuals was never better, but we are aging out of substantial state and city funding without replacements in sight. The federal Family Resource Program bill (thanks to FRC!) is an exception, and we have started a local advocacy group to help nudge/push New York State to meet the criteria. ■

by Maria Elena Orrego
Executive Director

The Family Place

FAMILY PLACE— Washington, DC

It all began when our founder, Dr. Ann B. Barnet, felt the need to do more than just prescribe medication for poor, sick babies at Children's Hospital National Medical Center. She realized that infants born to low-income families failed to thrive because their parents were isolated, unsupported, and lacked the resources and the information necessary to help their children.

She had a vision and made a call to her fellow members in the Church of the Saviour. That was 1978. In 1981 Family Place opened its doors to pregnant women and parents with children from birth to three. Although it took over three years to hatch Family Place, the slow and patient nurturing of the vision was all worthwhile. Ten years later, our Center has provided services to more than 2,900 families.

Family Place was and is the only drop-in family resource center in the nation's capital, and we spend a lot of time describing what we do and what we are to other service providers. On the other hand, the parents who come to the center seeking our help have been quick to understand what we are all about. They are welcomed into a community of support where the basic messages that were given ten years ago have remained the same—being a parent is the most challenging and important job a human being can do, and parents need and deserve support in raising their children.

When Family Place began, it was from scratch—like good home-made soup. It started in a rented basement located in a culturally and ethnically diverse community; the newly hired staff, a program director and a social worker, had to do a little of everything—they fixed, repaired, and painted the space; they did outreach in the community; and they provided all necessary services to participants—32 the first year. Four years ago, we moved into a large, graceful Victorian house, bought by the Family Place Board of Directors. We now have a home and Family Place is rooted in the community it serves.

In these ten years, we have grown tremendously. We understand better the needs of poor and low-income parents and their children. We have learned to develop and sustain collaborative agreements with other human service providers. We have learned to creatively search for and utilize the many resources needed to serve an average of 400 families each year. We understand better how and what is empowering to our parents and how parents can be the best source of support to each other. We have begun to understand how to support staff so they don't burn out. And we have a vision about how the community we serve can own and sustain Family Place in the future.

In these ten years, we have continually reminded ourselves that each parent and each child is unique; that although we have to keep records and statistics of the services we provide, parents and their children are human beings—not numbers, cases, or files. We continue to strike a balance between providing comprehensive, efficient, and professionally delivered services and remaining flexible, caring, and compassionate. Ten years of service have brought many, many rewards. Some of the best are seeing how Family Place children are thriving and how their parents keep stability in their lives. But the best reward is to see how former participants become a part of the support network for new families. An example of this is that in 1990 we did not place a single homeless family in a city shelter because our own stable families provided shelter to new homeless families.

To have grown together with FRC has been a continuous blessing. Together we have nurtured a relationship of mutual support and joined our skills and experiences to help other family resource programs begin and thrive. The family resource movement has grown into a warm and supporting extended family system and we at Family Place are proud and blessed to be a part of it. ■

by Judy Langford Carter

Building Family Capacity Attracts Diverse Partners

Family resource programs have come a long way since their emergence in the late 1970s. Those spontaneous, shoe-string organizations of parents who wanted information, friendships, and support while raising their children have been joined by large, complex programs funded by a variety of public sources complete with target populations, eligibility standards, and outcome measures.

Family resource programs can be found everywhere you look.

A few examples among thousands:

- Armed Services YMCA/Hawaii
  Honolulu, Hawaii
- M.I.L.K. (Mothers/Men Inside Loving Kids)
  Virginia Correctional Institutions
  Richmond, Virginia
- Teenage Parent
  Alternative School Program
  Lincoln Park, Michigan
- Our Lady Queen of Peace Parenting Center
  Staten Island, New York
- Early Childhood Program
  Boston Children's Museum
  Boston, Massachusetts
- Ute Family Resource and Day Care Center
  Ute Mountain-Ute Reservation
  Towaoc, Colorado
- The Parent/Child Workshop and Early Education Room
  Middle Country Public Library
  Centereach, New York
- Working Parent Resource Center
  St. Paul, Minnesota

The friendly one-person staff who did everything from bake bread, care for toddlers, and write newsletters has been added to interdisciplinary teams of professionals and trained paraprofessionals. Similarly, the issues addressed in programs have expanded dramatically from providing social opportunities and workshops in child development to addressing a full range of problems from joblessness and literacy to child sexual abuse and teen parenting. The settings for family resource programs have changed as well, moving from church basements and kitchen tables to worksites, schools, health centers, social service agencies, and community gathering places.

The remarkable growth of these community-based, prevention-oriented family programs has extended the reach of the family support movement, infusing its family empowerment principles into systems and services unimaginable ten years ago.

Common Approach—Diverse Goals

Professionals and organizations working closely with families for different purposes have often independently incorporated family support principles in their work, only to discover later that their ideas and programs have remarkable similarities to other programs with very different goals. Although the initial purpose of their organization or service remained basically the same, a family-focused, family empowerment approach to working with families was added.

Thousands of different child abuse prevention programs, many inspired by the National Committee for the Prevention of Child Abuse, are based on the family resource principles of strengthening family capacities through education and support, and building parents' self-esteem and skills as a way to improve interaction with their children. These programs use a family support approach not only to reach their specifically defined goal of preventing child abuse, but to help families build their capacity to function in healthy ways.

The Family Resource Coalition's sister organizations in the Consortium of Family organizations—Family Service America, the National Council on Family Relations, the American Association of Marriage and Family Therapists, and the American Home Economics Association—each have a particular focus on family life and a unique set of ways for working with families. But each organization, representing thousands of community-based professionals and programs, uses a capacity-building, whole-family approach. This common view acknowledges the crucial role of the family in nurturing children as well as adults, and strongly supports the idea that preventing problems by strengthening family functioning is a far superior strategy than attempting to remediate problems after they occur.

National networks support a variety of family resource programs.

Some examples:

National Alliance of Children's Trust and Prevention Funds
Lansing, Michigan
Links funds in all 50 states, which in turn support community programs to prevent child abuse and neglect.

National Lekoteck Center
Evanston, Illinois
Supports 45 Lekoteks, serving families with special needs children.

The Mothers' Center Development Project
Hempstead, New York
Supports 55 Mothers Centers in 22 states, based on the original Mothers Center model in Hempstead.

In addition to individual organizations and professionals, whole systems that address the needs of families have begun to integrate family support ideas as well. These systems—charged with a specific purpose such as education, child welfare, or income maintenance—have found it more and more difficult to deal effectively with the problems of their client population without considering the whole family and its ability to assist its members.

Even the best schools, for example, cannot be effective educators for children whose outside-of-school problems are

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overwhelming. But the child's family is the critical element in any hope of resolving those problems. Although schools have long had official policies that encouraged parent involvement in their children's education, the traditional enticements for parents to follow the schools' program of involvement—attending school conferences, joining PTA, participating in fundraising activities for the school, assisting in the classroom—have given way to some very different models. A number of new programs, funded through public systems, are working to reorient those traditional approaches toward one of full parent partnership in preventing problems and improving the chances for children's success.

Acknowledging the central role that parents play in their children's education, some schools and school systems have begun to offer programs designed to improve parents' capacities to assist their children. Statewide initiatives in Missouri and Minnesota have involved parents of young children in every school district; a number of other states have similar initiatives in planning and pilot stages. In some cases, expanded outreach and comprehensive services of all kinds have been offered to families from a school site. The Commonwealth of Kentucky has recently established a system of family resource and youth services centers to be placed in or near all schools with a high percentage of low-income students.

Head Start programs, from their beginning, recognized the vital role parents could play in improving their children's chances for educational success. Their program of parental involvement historically included skill building for parents, child development information, and links to health services. Today, having increased their support services for parents every year, Head Start programs across the country may also be host to literacy programs, job training and placement services, and a variety of other opportunities for families to create the networks of support that are essential to their effective functioning.

Innovative programs aimed at helping families achieve self-sufficiency have also begun to integrate family resource principles into their services and to broaden their definitions of what kind of support is necessary for a family to move off welfare and into self-sufficiency. Emotional support and improvement in self-esteem, better parenting skills, more information about services and access to them, and full participation by families in setting their own goals and plans for achieving them are elements included in some programs.

Acknowledging that any one single service is unlikely to adequately address everything a family needs, some initiatives have pulled together a variety of resources in one place to give families more comprehensive support. Because teen parents and their children are at high risk to suffer poor health and educational achievement and long-term dependency on governmental systems, publicly funded programs to address their needs have sprung up everywhere. Essential education, health care, employment, childcare, transportation services, counseling, and appropriate

Moving Toward Cultural Competence

Services to low-income families have begun a gradual change as family resource and support principles emerged over the past ten years. Traditionally, programs for low-income populations viewed families from a deficit perspective, focusing on the range of problems and stressors that affected them. The view of the low-income family as being "half empty" shaped the way services were provided:

- families were viewed as clients and recipients of services, not as partners in resolving their own issues;
- services were provided to one member of a family as the identified client, not to the whole family as a unit;
- funding was designed to pay for a single service, such as income maintenance or food stamps—provided the recipient qualified as sufficiently needy to get that particular service; individuals had to qualify separately to receive each service.

As principles of family support are integrated into the fabric of programs serving low-income families, agencies have taken a hard look at the philosophy they use and the results they have produced: What do we really want for our clients? How does someone become self-sufficient? What role do other family members play in the success of any one member? What long term impact comes from growing up in a poor family? What can we do to ensure children a better chance of NOT falling into the poverty cycle as adults? How can we possibly provide all the services necessary for our families?

Working toward answers to these questions, programs began to realize that while families are faced with many problems, they also have strengths that can be built on. Families, in fact, can be "half full": they can be viewed as resources for solving problems instead of as bundles of needs to be met. (Building a family's capacity to be self sufficient should be a more effective long term intervention than continuing to provide piecemeal services which do nothing to encourage or support progress away from dependence on the system.)

Programs have adopted an entirely new kind of relationship with the families they serve:

- considering the needs and strengths of the whole family and providing a comprehensive response
- involving families in planning and following their own paths out of poverty
- refocusing resources toward preventing problems and strengthening existing capacities

Programs for low-income families have always served a racially and ethnically diverse population. Services that have integrated family support principles into their approach to families respect and utilize the diversity their families represent. These programs celebrate the rich cultural heritage of each family and commit themselves to learning the language, values, and childrearing practices of the specific cultures represented in their programs. Staff selection, training, and program activities are all guided by a knowledge of and respect for cultural differences. Programs that aim to be competent in their understanding of the cultural context in which their program participants live and work, have discovered a much greater opportunity to be truly family supportive. ■

Parent Services Project

Parent Services Project (PSP) began as an experiment in providing parent services through a network of seventeen Title XX day care centers in Northern California.

The reason for transforming childcare centers into family care centers was a simple one: low and moderate income working parents who used the childcare centers were likely to have family needs beyond childcare that would also affect their ability to nurture their children effectively. The childcare center was an excellent, non-threatening entry point for offering families, many of whom were immigrants and refugees who spoke little English, the assistance they needed.

The relationships that develop between parents and caregivers in caring for children can foster a trusting environment where parents feel safe. Family issues beyond childcare—isolation, time stresses, marital problems, housing, financial pressures, the need for counseling or educational services—can be revealed and potentially resolved through the center. PSP today provides its services to 2,000 families with Family Fun Events, Parenting Classes, and Adults Only activities as well as peer support groups, parent respite, job training, mental health workshops, sick child care, and referrals to other community services.

A carefully designed three-year evaluation, completed in 1988, gives evidence that PSP's comprehensive services to families have had a significant effect on the lives of its families beyond their own reports of greater self-esteem and improved family life. The program has had impact on increasing their educational and language achievements, decreasing the need for more intensive (and expensive) counseling, and increasing parents' capacity to be involved in their children's education. ■

The Family Development Program (FDP) in Iowa was one of the first projects to apply family resource principles to services designed to help low-income mothers seek and obtain employment. Administered by local community action agencies and other community-based service providers, with funding from the state Department of Human Rights, this demonstration project exists in 20 of Iowa's 99 counties.

Iowa's Family Development Program

The FDP helps parents develop their capacities in childrearing and coping with many other demands in their lives, at the same time that it provides the skills necessary to obtain and hold a job. Development of self-esteem and confidence is as important to achieving the program's goals as instilling specific job skills. Local programs also stress healthy child development as a goal and help participants obtain necessary resources for their children.

All the programs utilize trained family development specialists working out of a local agency to be the chief "partner" with families as they develop a plan for self-sufficiency and work toward it. Other resources including parent education, childcare, transportation, and activities designed to assist families in becoming self-sufficient are provided through a network of local providers.

child development information have been combined in a family resource setting in a number of comprehensive programs. The Ounce of Prevention Fund in Illinois, the Ounce of Prevention Fund of Florida, New Futures School in New Mexico, and Friends of the Family in Maryland have long-term track records of working with teen parents through comprehensive family resource programs.

A new set of very promising Federal research demonstrations, the Comprehensive Child Development Program begun in 1989, has positive child development as its goal and comprehensive family support as its approach. Although they are geographically and ethnically diverse, each project includes provisions for families to receive health care, childcare, employment training and placement, child development training, linkages with substance abuse treatment and prevention, and an array of other family support services woven together through a primary center.

Several statewide human services reform efforts, now in the planning process, have gone one step further with family resource principles. Their plans call for both coordinating existing services in a comprehensive way, and for actually redeploying existing resources and personnel to create family support services. In some cases, family resource centers similar to those described in the preceding article are envisioned as the community base, the entry point, for comprehensive services as well as for more preventive programming for everyone in the community.

Dramatic Change in Supporting Families

While the family resource principles that advocate comprehensive, contextual supports for families are increasingly accepted and integrated in many systems, we are only beginning to understand the commonalities and the differences among the institutions that are implementing them. Each agency, each institution, each funding source has its own agenda, and each one is beginning to explore the extent to which its agenda can best be served using a prevention-oriented, community-based family empowerment approach.

Our challenge in the next ten years is to embrace the creative possibilities that each new setting brings while carefully examining the subtle alterations that will inevitably come as the principles are interpreted and used widely. We are poised at the beginning of a dramatic change in the way our public systems and private agencies view families and the most effective way to support them in raising their children. The family resource movement has led the way in articulating the principles of family empowerment, comprehensive support, and informed child development through strengthening families. The next ten years will be exciting ones indeed. ■

Judy Langford Carter is the Executive Director of the Family Resource Coalition.

■ by Ellen Galinsky

How Family Friendly Are American Corporations?

A Progress Report

In 1981, when several hundred of us convened in Evanston, Illinois at the founding meeting of what was to become The Family Resource Coalition, the possibility that American corporations would consider family needs as a strategic business issue seemed desirable but highly unlikely. In 1991, just a decade later, that dim possibility is becoming a reality.

A recent survey of 188 of the country's largest corporations, across 30 industry areas, indicates that *all* of these companies offer family-supportive policies. Conducted by the Families and Work Institute for a forthcoming book, *A Corporate Reference Guide to Work-Family Programs*,[1] the survey also showed that every company provided maternity leave, 88 percent offered part-time work options, and 86 percent had Employee Assistance Programs (EAPS) which, among other services, included counseling on work-family issues. Some companies had an extraordinary range of services and benefits; furthermore, we found that 68 percent of these companies are considering or are in the process of implementing *new* family-friendly initiatives.

Our research for the *Corporate Reference Guide* has led The Families and Work Institute to identify stages in the evolution of family-friendly programs. Please note, however, that although the three stages described below typically happen in sequence, some companies develop their work-family programs in a unique order.

Stage I: A Programmatic Approach

When work-family initiatives are first broached within a company, strong resistances tend to surface: "This is beyond the role of the company." "Family problems should be left at home." "This is an issue for women or new mothers and companies should only develop personnel policies that meet the needs of all employees." "Work-family really means childcare and that leads to on-site centers which are too expensive, serve the needs of just a few employees, and raise the possibility of liability lawsuits."

In a Stage I company, the champions who are pressing for a corporate response to family needs usually overcome these resistances by presenting a business case. Typically, their strategy involves showing that there are many ways to help employees, and on-site childcare is not the only or at times the preferred way. They also indicate what the company is losing by not addressing employees' work-family problems: higher absenteeism, tardiness, less concentration on the job, perhaps higher employee stress, more stress-related health problems, or even higher turnover. The business case is often based on internal company research or other studies.[2,3,4,5,6]

The most frequently developed initiatives by Stage I companies are childcare resource and referral services, dependent care options in a flexible benefits plan, and parenting seminars at the workplace. Typically, one new initiative is developed and management thinks it has solved the problem and can return to hard rather than soft business issues.

Some corporations offer elder care resource and referral services to their employees.

Stage II: An Integrated Approach

In Stage II companies, an executive level commitment to work-family issues begins to emerge. These executives are aware of the increasing number of women and the growing diversity predicted for the workforce, and they see work-family initiatives as a vehicle for attracting and retaining valued employees—a fact substantiated by research.[7]

One of the major characteristics of Stage II companies is the ability to see that the one or two policies or programs they've developed are no longer sufficient. Management therefore begins to consider how other features of their workplace (strict time schedules, early or late meetings) also affect employees' ability to manage work and family. Based on a review of their human resource policies, Stage II companies move to develop an integrated, holistic approach to work-family needs, including the issue of providing greater time flexibility.

Stage III: Changing the Corporate Culture

In Stage III, companies realize that innovative policies and programs cannot yield their intended effect if they exist within an unsupportive culture. They recognize that supervisors are the key to how their policies and programs are implemented.[8]

A number of forward thinking firms are attempting to change the company culture, making it more family friendly. Johnson & Johnson, for example, even changed its Credo to state that the company was mindful of the effect its policies had on employees' ability to balance work and family.

In order to create this new kind of workplace, some companies have developed a handbook that provides information on the company's work-family programs and they institute training for managers. The latter sensitizes management to the changing nature of the workforce, familiarizes personnel with the company's programs, and guides them in how to manage the types of work-family problems that arise.

Not only is there a broadened internal focus, but Stage III companies often adopt an external focus on improving the supply and quality of dependent care services. For instance, AT&T has a $10 million negotiated fund to increase the supply and improve the quality of child and elder care programs that serve AT&T employees. IBM has created a $25 million fund to increase the supply and improve the quality of child and elder care services where their employees live and work.

Since 1982, when 600 companies provided assistance with childcare, there has been dramatic growth in the number and variety of options offered by employers. The Families and Work Institute estimates that 5,600 companies currently offer childcare support, representing 13 percent of the companies that hire over 100 employees.

Some Examples of New and Creative Programs

- **IBM Corporation.** In 1989, a midday flex pilot was introduced at two company sites. The first pilot adds one hour of flexibility in addition to the usual lunch period, while the second pilot experiments with a two-hour window of flexibility at lunch time. At other locations, convenience services such as dry cleaning, shoe repair, and take-home foods are offered to employees.

- **Ohio Bell.** Ohio Bell's TeenLine offers consultation, advice, and useful ideas for parents who call in with questions about their teenage children. The counselors are fully licensed local professionals with extensive experience in working with teens and their families.

  As of January 1990, Ohio Bell also made a "gradual return to work" option available to all employees on leave. Their family care policy provides a 12-month leave; the employee can come back part-time over a period of three months, working at least 25 hours per week. The leave and gradual return period together are limited to a year.

- **Bruce Industries.** Nevada's largest rural manufacturer has begun a pilot program offering work hours that match children's school schedules—including 9 AM to 2 PM daily schedules, and with off time during school holidays and vacations.

- **Stride Rite Corporation.** An on-site intergenerational center opened in February 1990, and currently cares for 55 children—15 months to 6 years old—and for 24 elders, 60 years and older. The 8,500 square-foot space is divided into two separate wings and connected through a large central area. The program aims to meet the needs of each group through a carefully planned and supervised curriculum fostering regular daily contact between the elders and the children.

- **The Los Angeles Department of Water and Power.** In the fall of 1990, DWP instituted Birth Alert, a pilot beeper program for expectant fathers who work out in the field and may not be easily accessible when childbirth is imminent.

- **McDonnell Douglas Corporation.** Coordinated by McDonnell Douglas, the Homework Control Center operates four evenings per week. Employees, their spouses, and retiree volunteers answer questions about math, chemistry, and the physical sciences for high school and junior high school students in the University City School District in St. Louis County, Missouri.

- **John Hancock Mutual Life.** Kids-to-Go is a program sponsored by John Hancock and Ellis Memorial (a non-profit social agency) that provides activities for children when they have vacations or holidays from school and their parents must work. The program consists of day trips and activities around the Boston area.

- **American Express.** In conjunction with a number of new work-family initiatives, various sites have held Work and Family Events or caregiver fairs to introduce new programs and community services to employees. Tables and booths are set up where employees can sign up for programs, get information, and learn about what the community has to offer.

What is Expected in the Future?

The current recession is not curtailing corporate interest in work-family issues for those companies already involved, although some of them now scrutinize costs more carefully and some are taking a longer time to roll out new programs. The impact of the recession is more deeply felt with the pre-Stage I companies in which the recession is another resistance like equity, liability, or cost.

It is clear, however, that many companies at all stages are beginning to seek work-family programs in a new way. Even in a recession, companies recognize that downturns are short-lived and there is a need for long-term planning. In order to compete, they must attract and retain the best and the brightest employees. Work-family programs are seen as meeting this need.

The growing corporate awareness of the poor quality of childcare nationwide had led some forward-thinking companies to see the link between early education and childcare and to support childcare as an educational investment in the future of this country's workforce. This is the key message of a new Families and Work Institute report, *Education Before School: Investing in Quality Child Care*,[9] written for the Committee for Economic Development.

Another anti-recession argument used by companies to further work-family policies is that employees are really internal customers; unless their own needs are met, employees can't meet the needs of their external customers.

We see the next decade as a time in which work-family supports will spread to smaller and mid-sized companies, and those companies that have already begun to implement programs will work at providing an even more flexible workplace while maintaining or improving productivity. In the process, companies will forge new management strategies, relying on fewer people in middle management. We also expect to see companies link their work-family initiatives to other human resource concerns such as managing diversity and providing career development. In other words, the family-friendly workplace—a dim glimmer of hope when the Family Resource Coalition was founded ten years ago—is slowly becoming mainstream. ☐

Ellen Galinsky is Co-President of the Families and Work Institute based in New York City. She is a former board member of the Family Resource Coalition.

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by Dolores Norton

A Conversation with FRC President
Bernice Weissbourd

Bernice Weissbourd, founder and President of the Family Resource Coalition's Board of Directors.

Professor Dolores Norton, The School of Social Service Administration at the University of Chicago.

DN: Bernice, tell me about the early days of family support before you started Family Focus. How did some of those ideas get started? How did you personally get interested in the concepts of family support?

BW. Through my experiences working at Head Start in Chicago and in childcare centers in poorer communities, I began to feel very strongly that as much as we were doing for children in their preschool years, it was very often too late. It became clear that it was terribly important to reach children before they were three.

> “When America thinks of family support, it thinks of Bernice Weissbourd. Her work at Family Focus, the Family Resource Coalition, and PARENT ACTION has been nothing short of inspirational to scholars and practitioners —indeed to all who care about the well-being of America's families. The nation owes much of the thinking and many of its programs to Bernice's leadership. To her and to the Coalition, I give my thanks and I extend my wishes for decades more of excellent work!”
>
> Edward Zigler
> *Sterling Professor of Psychology*
> *The Bush Center in Child Development and Social Policy*
> *Yale University*

Actually, it was not just a question of reaching children. The issue was reaching their parents. It didn't matter how good we were as teachers; the important things in children's lives were their parents and what was going on for them in the non-school parts of their existence. I felt that we needed to set up a program for parents because by reaching parents we would ultimately make a difference in the lives of the children and that would be a difference that mattered.

DN: Those of us who worked with you, as Family Focus was being planned fifteen years ago, remember using the word “assumptions” in describing the basic principles we envisioned for that first family resource program. What were the original assumptions?

BW: There were several. First, that a parent's feelings about her or himself was absolutely primary to how that parent would relate to the child—that it was really off base to think that you could expect a child to develop a good sense of self and have a feeling of self-confidence and competence when the parent was feeling depressed and ineffectual. We felt that the need to feel competent cut across economic and racial lines, and we wanted to have a program that would build *parents'* capacities.

A second assumption that flows from this is the parents' role in family resource programs. The parent's role is not one in which they attend because you have something to teach them—the traditional relationship between a teacher and a parent where the parents look upon you as the authority. It must be a role in which the program really feels that parent, as the most important person in the child's life, knows the child best, has her/his own set of goals and values, and participates in the program because it offers a new opportunity to be effective as a parent.

DN: That's a key point.

BW: That principle is still key to everything we do.

A third principle was that programs should be based on the culture and traditions of the community. Programs had to function in ways that were responsive to families so that parents were part of setting the program plan, making program policy, and community people were involved in the process as well. Programs really had to reflect the needs, the desires, the hopes, and the competencies of a community. We were pretty good in guessing that programs would be quite different from each other, even though they shared the same goals.

DN: Putting these ideas into action with the first Family Focus models was one thing, but how did the idea of individual family resource programs grow into the notion of an organization for many programs—the Family Resource Coalition?

BW: One thing that surprised me was the number of requests we began to get from people all over the country who wanted to start programs, or from those who had already started programs and wanted to share information. They came like a flood. We had no idea that so much was going on beyond our own locale or that so many people were interested, but there was this sense that an idea emerges out of a need, and people all over had begun to recognize the need.

As a result of these requests, we decided, five years after Family Focus started, to hold a very small conference with a focus on the grassroots exchanges going on with other programs. We invited about a hundred people who had contacted us for one reason or another. And 350 people came. It was amazing!

The end result of this three-day meeting was that an organization formed so people could continue to share their experiences, to learn from each other, and to develop plans to stay in touch. It was a very exciting time.

> “Bernice Weissbourd, through her leadership of the Family Resource Coalition, has brought us closer to the day when American families and their children at long last attain their rightful place in our actions as a people. To achieve that goal will be the most fitting tribute to Bernice for her valiant and persistent efforts in behalf of the nation's children and families.”
>
> Uri Bronfenbrenner
> *Jacob Gould Schurman Professor of Human Development and Family Studies and of Psychology*
> *Cornell University*

[redacted]

DN: Exciting is right. The Family Resource Coalition today is so much more than a grassroots group. What were the next steps in its development?

BW: Well, about two years after that first conference, Ed Zigler ran a conference for about 100 people at Yale. Ed, who had helped develop Head Start, and Uri Bronfenbrenner at Cornell picked up the idea of family support, which seemed to follow so much from the principles of Head Start.

The Yale conference pulled together a broad spectrum of people—researchers, political people, program people, theoreticians and academicians, and people from the whole social services support arena. Ed Zigler put family support on the map in that sense and focused interest on how it could affect public policy.

DN: Why was that important? Did that make a significant difference in an organization that started out to link people with common professional interests?

BW: Family support's interaction with public policy is critical. Some people tend to look at family support as a program that can "save" communities. But unless people have decent housing, unless they have nutritious food, and unless they have jobs, family support will continue to be a band-aid—a very important one, but it cannot solve all the problems.

We didn't talk about advocacy enough when we started. We did from the very onset say that parents who were feeling competent would also feel empowered, and that has proven more true than we ever thought. But in addition to parents, people working in the whole area of family resource and support programs have become very involved in the policies that make a difference in people's lives. That is a new direction for many professionals who have tended to separate their clinical roles and teaching roles from the policy roles. But in the end, you can't run an effective program without changing the conditions in which people live. You may not be the one to do it—you can't necessarily set up the housing or find jobs—but you can advocate for them.

DN: What are some ways the family resource movement is different today?

BW: It's vastly different in a number of respects.

One is that the family support approach has been taken on by social service agencies, by mental health agencies, and by state systems in an effort to find a way of reaching families that is more effective. There has been a move to take these principles and reorient services toward building family capacities, for example, to start with prevention, to get to problems before they start.

Another thing that is different now is that the family resource movement supports more than the concept of prevention, because that notion in itself reflects a deficit model.

DN: Bernice, you've seen a great deal of growth and change in your ideas. What are some of the most important challenges you see for the future?

BW: What is so astonishing is that the term "family support"—whether family resource programs or family support movement—is on everybody's lips. Although many people are talking about this and looking at it with high expectations, I don't think everybody understands it. Our big challenge is to make sure that as the principles get translated into social service systems, or into schools, or into other settings, that the translations assure quality, that they relate to people in the ways we talk about, and really build on people's capacities. How one implements a family resource program is crucial—and requires more than enthusiasm.

DN: What do you expect in the future? What are your dreams?

BW: Every community would have a family resource center, involving parents during pregnancy and assuring their children a good start in the early years of growth. The family resource center ought to be the baseline for a continuum of services, the final tier of services being those for families in crisis, with all resources coordinated, focused on the family as a whole, and based on trusting, empowering relationships. The entire community, its schools, libraries, recreation centers, parks, transportation, would be concerned with enhancing the healthy development of the family and assisting parents in their childrearing roles, orienting their programs toward meeting family needs. Work environments would be family friendly, valuing the parental responsibilities of their employees.

And this should not be a dream. It's well within our capacities as a nation with remarkable talents to deal with situations we deem to be priorities. It could happen if the nation recognized that the ultimate strength of its leadership depends on the ability of this generation to raise the next.

We know programs work, and are constantly learning more about how they work, and how to make them work better. Yet it is essential that programs are embedded in a society that cares about housing, education, health care, employment—in other words, that cares about the well-being of its families. Our programs and the messages they convey can help shape this new environment, one in which families are valued, and the resources of our nation are mobilized in their behalf. What is required is that our country's commitment to family well-being moves from the glibness of rhetoric to the actions that change reality. ☐

> “Bernice Weissbourd is one of the great leaders who fight for families and children: her capacity for leadership is only matched by the size of her heart. Her compassion and her sensitivity to the issues that besiege families and children today led to the establishment of the Family Resource Coalition only ten years ago. Already, FRC stands as an umbrella for family-focused programs and movements nationally and as a monument to the ability of a small group of dedicated people to establish a significant intervention for hundreds of thousands of parents all across the U.S. The family resource programs that have emerged are models of community support for all families, and they *are making a difference* in the lives of the families they serve and for the future of their children. Bravo!”
>
> T. Berry Brazelton, M.D.
> *Clinical Professor of Pediatrics*
> *Harvard University Medical School*

10 years

■ by Frank Farrow

The View from States:

Family Resource Programs and State Policy

Gov. William Donald Schaefer visits one of the state's family support centers in rural Cecil City, Maryland.

The impact of family resource programs on state policy has grown dramatically in the past decade. Ten years ago, most state officials would not have recognized the term "family resource and support services." Today, some of the strongest leadership for these programs is found among state administrators, state legislators, and state-level advocates.

If measured by the number of programs or by their share of state budget expenditures, family resource and support (FRS) services remain a small portion of state human services. But a growing number of state leaders see these programs as the cutting edge of a new direction. Their vision is that FRS programs can help lead the way toward more preventive, more comprehensive, and ultimately more effective state responses to families and children.

Sources of State Interest

The urgency behind state governments' new interest in FRS programs has several sources:

- State governments are being called on to respond to the steadily deteriorating situation of many of the nation's families and children. Worse-off than their parents were at the same point in their lives, many young families face the stresses of tough economic times, a highly competitive labor force, and difficult social conditions with a shrinking supply of supports. As the federal government has decreased its attention in this area, governors and state legislatures have assumed new responsibilities for addressing families' concerns.
- State officials are frustrated with traditional services to families and children which are widely viewed as offering too little, too late, and they are ready to try new approaches. Policymakers are heeding the calls for reform in public education, public welfare, child welfare, and mental health services, and are seeking innovative ways to reach troubled families.
- State policymakers have become more interested in preventive approaches as state costs for children and family services continue to rise. FRS services offer a credible method of assisting families *before* crises become unmanageable and lead to family breakdown.
- Finally, state officials' interest in FRS approaches has deepened as the well-being of the nation's children has been defined as an economic issue, not just a social concern. The economic future of the United States depends upon the continuous development of a strong and skilled labor force, and this recognition has broadened the constituency that cares about how children and families are faring. State governments are sensitive to the increased interest of business leaders in preparing children for the future.

Taken together, these factors have led state leaders not only to invest in family resource and support programs, but to view them as first steps toward a genuinely new approach to meeting families' needs.

The Diversity of State Programs

Each state's FRS programs have been shaped by a unique blend of service priorities, funding opportunities, and political leadership. Thus, in some states FRS programs are emerging from the social service system; in others, they are linked with public schools; in still others, they are associated with public health or public welfare services. While most states have begun these programs on a small scale, a few have launched their programs with a broad, statewide mandate. In short, there is no one pattern of program design or implementation. States' initiatives mirror the creativity and diversity that characterize the family resource field as a whole.

The following examples highlight just some of the past decade's innovations in state FRS policy and practice.

- ***Missouri's Parents as Teachers Program,*** administered through the State Department of Education, began in 1985 as a demonstration program that provided new parents with home visits by a trained family support worker. PAT operates in all 543 Missouri school districts, serving 57,000 families (40 percent of all eligible families in the state). As the PAT program model has grown and developed, many jurisdictions have augmented home visits with group activities for parents at school sites.

In order to assure program quality, PAT has emphasized provider training and quality control. The State's training institute develops curricula for use by local programs and itself trains staff each year.

Parents as Teachers was funded at $13 million in FY 1990-91.

- ***Maryland's Family Support Centers*** developed as a public-private partnership to help local communities support young parents. Begun in 1985, this initiative now includes 13 family support centers in all areas of the state. Centers are administered by many different community agencies including schools, a housing authority, a church, a community action agency, a community development corporation, and private social service agencies.

Maryland's initial program model focused on adolescent parents, demonstrating impressive success in reducing unwanted second pregnancies, helping teen mothers return to school, and promoting good health care for their infants. As programs expand in local communities, they usually serve a wider range of young parents.

Maryland's program is administered (on behalf of state government) by Friends of the Family, an intermediary established to combine public with private dollars to fund the local centers, provide training and technical assistance, and monitor program quality.

In FY 1991, Maryland's program is funded by $4 million plus in public and private dollars.

- ***Hawaii's Healthy Start Program*** has grown from a demonstration project in the late 1970s to a statewide system of family support. It is specifically designed to prevent child abuse and neglect as well as to promote positive parenting and achieve optimal child development.

Administered by the State Health Department through its maternal and child health service, Healthy Start includes post-partum screening and assessment (now provided for 60 percent of children in the state); paraprofessional home visits to high-risk families; case management that helps families access resources including linkage to primary health care providers; parent support groups; and community education activities. Local programs are administered by private social service agencies.

According to program administrators, Healthy Start's benefits include increased identification and treatment of developmental delays in children, a reduction in child abuse and neglect among children 0-6, and a reduction in the cost of treating families experiencing domestic violence.

Healthy Start's funding was approximately $3.4 million in FY 1990.

- ***Wisconsin's Family Resource Centers*** are a new program, begun in 1990 under the auspices of the Children's Trust Fund. Eight programs are funded for the first year, with the intent that the program will expand as Trust Fund financing grows.

Local family resource centers will provide parent support activities on a drop-in basis, including recreational and social activities, parent education, and temporary childcare. In addition, structured activities will aim at helping parents develop the skills necessary to avoid abusive or neglectful care of their children.

The Children's Trust Fund has selected the community agencies that will provide services through a competitive RFP process, and will provide training and technical assistance as programs develop.

Funding for the family resource centers is $725,000 over the 1989–91 biennium.

- ***Kentucky's Family Resource and Youth Service Centers*** represent one of the most ambitious new state FRS initiatives. Kentucky's Education Reform Act (KERA) of 1990 authorized support for family resource centers in elementary schools, for youth service centers in middle and high schools, and for all schools that have 20 percent or more of their student population at income levels below the qualifying level for free or reduced price school lunch programs. Approximately 1100 public schools will be eligible for these programs.

Family resource and youth service centers must be located in or near schools and are designed to help build the family and community support that will enable a child to succeed in school.

Core services include access to or provision of childcare, health resources, substance abuse services, and job training programs (for older youth). All centers are required to involve parents in program design and governance, reflect a philosophy of empowering parents, and aggressively coordinate existing community resources.

Kentucky's program is funded for approximately $9 million in FY 1992; the statewide cost of the program is expected to rise to $36 million at full funding.

Future Directions

These examples illustrate the richness of state FRS programs, as well as the momentum that allows existing programs to expand and new programs to be established on a broad scale.

Looking toward the future, what opportunities and challenges face state FRS programs? Three trends seem particularly important.

First, state FRS programs must increase their capacity to document their impact. Current program development has been fueled by state officials' eagerness to try new approaches and by promising evidence from small-scale programs. However, to continue growth in a period when states have severe budget constraints, FRS programs must be able to show evidence that makes a difference. This need not involve elaborate and expensive evaluations, but does require a closer accounting of program participation as well as programs' effect on some indicators of families' health, education status, social functioning, and healthy child development.

Second, state FRS programs will have to give increased attention to how they relate to existing state service systems. One of these programs' great strengths is that they are not viewed as "one more categorical program" but are seen as a new, more responsive, more flexible and comprehensive way to meet families' needs. FRS programs should build on this strength by exploring how they can best function in partnership with other public and private human services.

Finally, the biggest challenge for state level proponents of family resource programs is to instill FRS principles and values more broadly in state human services. The power of FRS programs comes from their embodiment of the principles of family empowerment, parental involvement, early support, and flexible response to family needs. These principles can be very effective if applied to current state services, and for that reason they are at the heart of most state service reform movements. The long-term goal for state FRS programs is to expand the scope of these principles until they genuinely form the basis for states' and communities' response to all families and children. □

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Federal Legislation for Family Resource Programs

A milestone in the development of family resource programs occurred as part of the Human Services Reauthorization Act of 1990 (H.R. 4151). This legislation authorized, for the first time, a federal grant program to assist states to establish networks of local family resource and support programs that enhance families' abilities to stay together and thrive.

Grants would be awarded by the Department of Health and Human Services to states on a competitive basis. Funding would range from $1.5 million per year for small states to $6 million for large states. At least 90 percent of funding to states must be used to support local programs.

The program was authorized for $30 million nationally in its first year. However, because the program was added to the reauthorization bill late in the legislative process, it did not receive an appropriation.

Thus, a legislative framework for federal funding for family resource programs is in place. *Now we must work to obtain the funds!* For more information about the bill, contact staff at the Coalition (312/341-0900). □

by Douglas R. Powell

Staff Development in Family Resource Programs

Illustrations: Gail Lynn Goldberg

Training

Issues related to staff training are likely to occupy a prominent place on the agenda of family resource programs for the next decade. No other topic comes closer to the heart and soul of these programs than personnel preparation. The essence of program services rests squarely with staff behaviors and attitudes.

Reasons for heightened attention to staff training reflect the developmental status of the field. The rapid expansion of family resource programs, including adaptations or replications of model programs, leads to a series of difficult questions about the types of pre- and in-service training that are necessary for staff members to pursue: What educational content and methods best prepare and support workers in a family resource program? What minimum staff education requirements should be included in policies governing family resource programs?

Increasingly there is recognition of staff development as the foundation of quality in family resource programs. Part of this recognition is fueled by growing awareness of the link between staff training and the quality of early childhood programs.[1] Concerns about the quality of America's early childhood personnel contribute to a generalized concern about staff training in the human services.

Recent Developments

The field of family resource programs has numerous experiences to draw upon in formulating policies and practices related to personnel preparation. These include the staff training requirements and components of local and state initiatives, professional guidelines regarding the structure and content of training, and the growing number of university courses and study programs focused on family resource programs.

Generally, state-funded family resource programs have been launched with minimal help for training staff in local programs, and as a result state initiatives have had to be creative in securing technical assistance in this area. Methods include establishing regional networks of programs, provisions for older programs to help newer ones, and the encouragement of staff participation in local, state, and national conferences.[2]

Minnesota's Early Childhood Family Education (ECFE) program has one of the most well-developed staff credentialing systems. The 1984 Minnesota Statute requires all teachers who work with parents and children in ECFE programs to be licensed teachers. For example, licensure as a parent educator in a family education program requires a baccalaureate degree and satisfactory completion of a minimum of 24 quarter hours of academic credit or the equivalent distributed in the following areas: child development (6 hours), family development (6 hours), adult education (9 hours), and a practicum student teaching, internship, or experience in adult education (3 hours). Not surprisingly, colleges and universities have responded with an array of relevant courses for persons working in family education programs.

Yet to be gathered and synthesized is information on how local community-based programs handle staff training issues. Especially beneficial to the field are data on how programs support lay persons who assume staff positions in family support programs. The experiences of programs such as the Child Survival/Fair Start initiative point to the powerful influence of staff orientations and ideologies on the nature of program services.[3]

Another important information source to be tapped is the training wisdom of the nation's Cooperative Extension Service, which for years has generated exemplary parent programs and conducted training for parent educators and family life educators. Also important to tap is the collective experience of model programs that provide training and technical assistance for local adaptations. Key questions to be analyzed here are how well centralized training experiences "travel" to the home site and the effectiveness of training one or more core staff who in turn serve as trainers for other staff.

Recently there has been movement toward the delineation of essential components of training programs for workers in family-based programs. One such effort is the Training Approaches for Skills and Knowledge (TASK) Project of the National Center for Clinical Infant Programs. The TASK project focused on training practitioners who work with infants, toddlers, and their families, and was guided by the expertise and insight of nine professionals and parents with many years of training and experience. The project has issued recommendations that define competent infant/family personnel and set forth the nature of training experiences that foster competence, including work at the pre-and in-service levels.[4]

Professional groups are also taking an active role in generating guidelines for the requirements and training of staff in family resource programs. Several years ago the Family Resource Coalition established a task force to examine a range of training issues, and the National Council on Family Relations has developed a certificate for family life educators.

Other important training resources are courses and study programs offered by colleges and universities. There are well-established child development and family studies programs at land grant universities throughout the country that for years have prepared individuals to work with families in a variety of settings. Social work programs also have a long history of providing professional education that supports staff in family-oriented programs. Recently, new courses and entire study programs focused specifically on family resource and support programs have been initiated. For example, a master's degree program in family support has been instituted by Nova University in Fort Lauderdale, Florida.

The Years Ahead

Training issues will be in the forefront of the family resource movement in the years ahead. There will be intensified calls for useful statements from credible professional groups on the essential competencies of staff in family resource and support programs. Serious questions will be asked about the appropriate content and methods of programs that successfully foster staff competence.

Fortunately, the field has a growing base of professional wisdom and training experience to draw upon as it addresses complex and often controversial training issues. Unfortunately, much of the existing professional wisdom and experience has not been shared or pooled in a form that is easily accessible. The challenge is to critically assemble the current knowledge base in a way that points to exemplary practices and needed directions toward a collective understanding of how best to support the growth of individuals who support America's families. □

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■ by Carl J. Dunst

Evaluation

Evaluating Family Resource Programs

Zigler and Friedman commented that the "survival of family (resource) programs . . . is dependent in part on having information about their efficacy."[1] Yet as Powell has noted, "using conventional research practices with community-based family (resource) programs is akin to putting a square peg in a round hole."[2,3]

The purposes of this article are to (a) briefly note what we know about the "evaluation status" of family resource programs, and (b) list some but certainly not all of the challenges that face those who seek to establish the benefits of these programs. Much of the content of this article derives from the thoughts and writings of scholars in the parent and family support program movement.[4-6]

A good starting point in making sense of the family resource program evaluation literature is to define what we mean by family resource programs. Family resource programs are community-based social action initiatives that aim to strengthen family functioning by promoting the flow of supports and resources in ways that enable families to help themselves and their children.[7] These programs differ conceptually, organizationally, and procedurally from other parenting programs (e.g., Consortium for Longitudinal Studies[8]) despite their apparent similarities.[9] These differences are to a large degree reflected by the fact that family resource programs (a) are based upon unique assumptions about the "best" ways to support and strengthen families,[10] and (b) provide and promote the flow of resources and supports in an individualized, responsive rather than prescriptive manner.[3]

Evaluation and Evaluative Research

A second step in making sense of the family resource program evaluation literature is to briefly define and illustrate what we mean by evaluation and evaluative research. Evaluation is a "process of delineating, obtaining, and providing useful information for judging decision alternatives."[11] Evaluation is a multi-faceted, multi-level, multi-purpose endeavor that involves the gathering of diverse sets of information so as to have empirical data about various aspects of a program (who was served, how often, progress achieved, etc.) in order to make informed decisions about continuing, modifying, etc., a program.[12,13]

Evaluative research is the "use of the scientific method for collecting data concerning the degree to which some specified activity achieves some desired effect."[14] Evaluative research concerns itself specifically with questions of effectiveness and efficacy, attempting to establish how a program (the independent variable) produces changes in intervening events, which in turn influence the behavior of program participants (dependent variable) while controlling for competing explanations for observed effects.[15] For example, the evaluation of a family resource program might ascertain whether and how a particular type of informational support (independent variable) affects the ability of families to mobilize resources (intervening variable), which in turn positively influences their sense of competence and well-being (dependent variable).

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What We Know

There is a growing and burgeoning body of evaluative evidence documenting the need for operationalization and efficacy of family resource programs. There is also mounting concern about the need for different types of research to answer unresolved evaluative questions.

There is general consensus that we know at least the following:

- There is now agreement that the goals of family resource programs are to empower and strengthen families so that children and parents optimally benefit from provision of support and resources.[16]
- Family resource programs are predominantly family-oriented as opposed to child-oriented,[17] and are consumer-driven rather than professionally-driven programs.[2,3]
- Despite the fact that family resource programs share common beliefs and assumptions, these programs are quite diverse in who they serve, what they do, and how supports and resources are provided to families.[3,16,18]
- Empirical evidence to support the contention that family resource programs produce positive changes among program participants comes from different but corroborative lines of research.[2,16] What we don't know with certainty is how much of the changes can be directly attributed to the efforts of family resource programs.
- Most of the programs claim to use ecological theories as their conceptual underpinnings. For the most part, however, family resource programs use "loose" theoretical frameworks that make it almost impossible to know with any certainty the causal pathways that exert the positive influences that are found among program participants.

What We Need to Know

A number of family resource program scholars have indicated a need for at least the following as part of the further evaluation of these programs:

- We need different types of studies that document different aspects of program implementation[19] (e.g., we need to know more about how and whether the principles of family resource programs relate to program practices).
- We need studies that examine the relationship between program implementation variables and both intervening and outcome measures.[2,18]
- We need more explanatory case study research[20] that sheds light on the processes of program implementation, and how different processes produce similar or different results.
- We need more outcome evaluation studies of family resource programs that longitudinally establish patterns and changes in different aspects of child, parent, and family functioning.[18]
- We need to make a shift away from using only or primarily negative measures of functioning (e.g., stress) toward use of more positive behavior indicators (e.g., well-being) as outcome measures in these evaluations.[7]
- We need more theory-driven, explanatory studies that specifically examine the relationship between and pathways involved in what programs do and what effects are expected and observed.[2]
- We need, as part of the studies described above, more investigations that examine the interactions between program variables and family variables, and how interactions influence outcomes.[2]
- We need to move beyond the use of traditional research methodologies toward use of alternative methodologies if we are ever to adequately document program efficacy.[20,21,22]

Conclusion

The contemporary family resource program movement has a short but rich history. Surprisingly, we already know quite a bit about these programs; no doubt because evaluators have learned from previous efforts at evaluating social action programs. Some of the challenges that face those of us who are interested in further evaluation are briefly reported in this article. □

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Photo: Archie Lieberman

by Sharon L. Kagan

America's Family Support Movement

Today's Accomplishments —Tomorrow's Challenges

By any account, a decade is a milestone —a time for reflecting on what has been and what might be, for looking retrospectively and prospectively. For those involved in the family support movement, this has indeed been a miraculous decade. Who would have ever believed that a small grassroots conference would have blossomed into a movement thousands strong? Who could have predicted that in one short decade a field replete with principles, programs, evaluations, national and state associations, publications, and conferences would have emerged? Indeed, family support has had a miraculous ten years—a childhood of unparalleled accomplishment.

In fairness, the burgeoning of family support during the 1980s did not happen in isolation: it was hastened by numerous important socio-political forces. Early in the decade, demographics changed drastically as a result of the flood of mothers with young children into the paid labor force, the feminization of poverty, and the increased numbers of youngsters in poverty—all populations ripe for family support. Data popularized during the decade bespoke the importance of early intervention and prevention, echoing family support's fundamental precepts. Concern about the ineffectiveness of America's human service institutions ushered in countless reforms—school restructuring, collaboration, and case management—simultaneously, nourishing the zeitgeist for family support.

By decade's end, family support's fundamental principles—a focus on prevention and a recognition of the importance of the early years, an ecological approach to service delivery, a developmental view of parents, and a recognition of the universal need for support—hallmarked progressive thinking that transcended disciplines and sectors. Corporations became family friendly; state legislatures voted "yes" on family support bills, hoping that their investments of dollars and will would ameliorate a faltering social service system; conventional state bureaucracies infused family support concepts into mainstream services; and even the federal government, so long ambivalent about its rightful role regarding families, saw fit to craft legislation fostering family support.

In one short decade family support not only coalesced a disjointed array of grassroots programs, but became a fully respected, politically legitimated social movement. As no other family effort in history, family support captured America's heart, forever reshaping American government's relationship with families.

Inevitably, any new social form—and particularly one this dramatic—is appropriately subjected to skeptical queries. Readers of this article will recall the onslaught of concerns: How do we know family support works? How can such a benign intervention impact a society with increasingly complex social needs? How can a movement born and bred in intimate, flexible, and family-responsive settings be successfully transplanted to massive, hierarchical, rigid, social service bureaucracies?

Though not always able to render definitive answers to these provocative questions, pioneers moved on. Family support programs, existing initially and primarily in the private sector, were launched in the public sector—in childcare centers, in schools, in community health programs. Sometimes they began as actual family support programs and sometimes family support principles were woven into the fabric of extant efforts. Sometimes they were visioned as agents of institutional reform and sometimes as separate appendages, discrete from the life of the institution. Often the programs attracted considerable fanfare, commandeering public-private support and attendant press coverage. But many also began as the quiet quest of a lone provider, anxious to redress decades of systemic pain. Sometimes, in the very act of doing, the hard questions were addressed; sometimes they were reframed; and sometimes they went unanswered.

With this history—a mix of stellar accomplishments and unanswered questions—where can and should family support go in its second decade? What should be its priorities? Not unlike a child moving into adolescence, family support must reaffirm its values and solidify its identity in light of past accomplishments. But we also need to understand that family support—while adhering to its fundamental principles—is not the same as it was a decade ago. It is spreading its wings, moving agilely between public and private sectors, between small isolated programs and large institutions, between programs and approaches. Such change demands that we augment our analytic repertoire by tackling the challenges occasioned by our growth and diversity. We need to discern what the ultimate federal role in family support should be; how family support can reconcile universalistic and particularistic missions, grassroots and bureaucratic approaches to service delivery; how we define and plan for quality given the diversity of family support efforts? In short, the challenge of our second decade is not only expanding family support, but discerning how the entire system can be most effective. It is the decade for an honest taking stock of what we are and what we wish to become.

Tomorrow's Challenges

Taking stock has two dimensions: process and content. From the process perspective, any useful analysis of tomorrow's challenges must first chronicle and assess gains of the past; second, vision broadly and creatively for the future; and third, convert that vision into realistic strategies that will permanently undergird family support in our nation. With support growing at the national and state level, with increased investments in family support predicted, and with programs being fostered in our mainstream institutions, the time is opportune for such stock taking. To that end, formal "futuring" mechanisms should be put in place, either through a national panel, working conferences, and/or a series of commissioned papers.

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Though the present fertility of family support suggests numerous contexts for deliberation, three umbrella issues warrant attention as we strive to maximize practice and policy effectiveness: **(1)** defining and accessing quality services; **(2)** structuring the transition from a program to a systems orientation while maintaining quality; and **(3)** building, sharing, and applying knowledge.

● Defining and Accessing Quality Services

Throughout the nation, the words "family support" have been interpreted in a myriad of ways. In some circles, family support is a synonym for welfare reform; in others the words designate a particular program; in still other circles, family support refers to the basic set of principles that undergirds any programmatic approach to family development. Such disparity in nomenclature reflects broad public confusion about family support's meanings and missions. Difficult now, such confusion will increase as interest intensifies in family support as a functional preventive intervention to an array of social problems. It is incumbent upon the family support movement to craft clear comprehensible language that effectively communicates its unique program design, principles, and philosophy.

In addition to clarifying terms, this second decade demands that we clarify standards of program quality. Presently, though thousands of programs strong, there are no commonly accepted indices or guidelines by which to vision or gauge service quality. Such quality indices, while difficult to develop because of the diversity of family support endeavors, would help define the profession and would be benchmarks for self-evaluation and improvement.

Moreover, if indices of program quality were more explicit, training efforts, irrespective of disciplines, could more effectively prepare people to work in the field. Presently, there is no single entry avenue or discipline, no single standard for training, and no consistent credential required. In the absence of such, staff competence varies dramatically from setting to setting. While the field may indeed decide not to impose a uniform credential or entry discipline, guidelines regarding essential training domains or minimum competencies that transcend disciplines and are geared to indices of program quality are a necessity for the development and improvement of quality in the field.

Beyond defining and enhancing quality, family support efforts must be more accessible. Explicitly, this means that there should be more family support programs and wider infusion of family support principles throughout community institutions—schools, churches, childcare, health and social service agencies. Further, communities must be empowered to adopt a family support "think"—a mindset that accords real importance to families and to the collective community role in their development and empowerment. Rather than another add-on program, supporting families must be understood as the critical element in rebuilding the social infrastructure of this nation.

Implicitly, such vision of family support is enmeshed with a clear commitment to revivifying the role of families within programs, institutions, and communities. The family support movement must not just access more programs or services, but must access a sense of power and self-determination that will enable all parents to thrive in an increasingly stressful society. Family support programs must crisply articulate this commitment and model it in every effort. Parents need to be leaders in creating, planning, and tailoring efforts; their voices must be heard and coalesced. Through its work in founding PARENT ACTION, a national organization for parents, the family support movement and its national organization, the Family Resource Coalition, have taken important steps in that direction. Second decade strategies must fortify these fundamental commitments.

● Structuring the Transition from a Program to a Systems Orientation

During the first decade, family support focused primarily on promulgating freestanding programs, assuming that they generally adhered to a set of beliefs. As we begin the second decade, two changes are occurring: First, programs are becoming more aligned with existing institutions, often large and highly regulated bureaucracies. Second, principles rather than

PARENT
ACTION

Putting Parents in Charge

Happy 10th anniversary to the Family Resource Coalition!

In the two years since PARENT ACTION was introduced at the second national FRC conference, we have experienced enormous interest from parents, from the media, from policymakers and—most gratifyingly—an outpouring of help and moral support from Coalition members and friends. As with any new organization, we have also experienced our share of growing pains. But now we stand on the brink of a new social movement, a movement that will put parents in charge, a movement that will empower parents to demand strong, responsive government, community, and work place systems that meet the changing needs of *today's* families.

PARENT ACTION believes that parenting is the most important job we'll ever have. Our goal is to once again get America's parents to believe—and act—upon this. During the past twenty years, parents have been devalued, diminished, and disrespected. Society has adopted a bias that families should be self-sufficient; if they are not they deserve to suffer. Is it any wonder young families are on the bottom rung of society's ladder? Is it any wonder policymakers and business leaders mouth support for the family, but rarely translate these verbal platitudes into positive action?

PARENT ACTION intends to use every available avenue to increase parents' self-esteem and turn a reawakened pride into positive action. PARENT ACTION intends to show that parents are an inclusive constituency with common bonds bridging political and sectarian differences. Parents have the power to take control over the future of families; *they* can and must organize for their individual family and for all families.

Over the next eighteen months, PARENT ACTION intends to:

- launch an intensive campaign through the media, coalition building, and personal outreach to enhance the image of parents and to convince parents that by joining together they can make a difference
- build a national membership base
- become a national network for support and information. We will work to link our members together, inform them of emerging issues, and ask them for their views. We will share these insights with policymakers, business leaders, and the media. WE WILL PROVIDE A VEHICLE FOR PARENTS TO MAKE THEIR VOICES HEARD. ☐

programs are being adopted. Though very different strategically, both approaches pose important questions regarding how we maintain quality and fidelity to our original beliefs.

For example, because family support was bred in primarily informal settings, without hierarchical staff pyramids or stringent entry requirements, flexibility prevailed. Dependency on staff was addressed and held to a minimum. However, as family support programs edge their way into institutions where traditionally there has been no opportunity for client-professional reciprocity and where dependency has been fostered, new challenges emerge. How will reciprocal relationships be negotiated? How will role flexibility among staff be accommodated? How will parents' needs for program variability be handled in settings used to delivering cookie-cutter services? To avoid the trauma of attempting to fit a square peg in a round hole, advocates of family support will need to reconsider their vision of quality and work to tenaciously preserve it as family support matures in America's institutions.

Second, and simultaneously, we must recognize that family support is now being fully recognized as more than a set of principles or an effective program; it is visioned as a tool of institutional reform, a lever to realign fundamental roles, processes, and relationships. Consequently, advocates of family support need to be astute students of organizational change, willing to tailor principles without diluting them, understanding that implementing systems change may necessitate different skills, strategies, and timelines than those conventionally associated with implementing isolated programs. While we need to assure that stringent regulations and rigid bureaucratic roles do not quash the vitality of family support as we know it, we also need to be sufficiently flexible to accommodate the inevitable symbiotic change that will occur as institutions adapt family support principles.

● Building, Sharing, and Applying Knowledge

Second decade visioning must come to grips with the exciting reality that family support is growing up and becoming a legitimately accepted component of the nation's preventive strategies. Despite its popularity and accomplishments, there is much we do not know about family support and much we know remains underutilized. Second decade work must focus on both the generation of new knowledge from research and practice, and its broader application.

To date, the field is replete with exciting efforts that have much to contribute to emerging family support programs. Family support programs do understand how to empower parents, how to staff for flexible programming, and how to articulate a truly non-deficit, non-hierarchical approach to staffing. They understand how to commandeer limited resources, how to create community support, and how to build state networks. These lessons from our nation's pioneers need to be accessed and utilized more widely. Next decade efforts of the Family Resource Coalition must focus on enhancing its already important resource-sharing efforts by strengthening its publication, membership service, training, technical assistance, and networking capacities. This essential link will enable the field to learn from itself and to grow.

Beyond sharing what we know from practice and research, we also need to learn more about the conditions under which and the populations for which family support works best. Program outcome evaluations, whether conducted by program staff or researchers, need to flourish. Further, the information they yield needs to be aggregated and accessed so that it is usable by practitioners in a wide array of settings and communities. Longitudinal studies must be planned and implemented in a large number of programs so that we have more robust data on long-term effects.

And as family support grows, we will need to assess effects not only for children and families, but for institutions and communities. As important, we should be fostering process evaluations so that our knowledge of effective strategies and contexts is enhanced. How do intergenerational efforts make a difference? How does context influence process? How does mandate alter outcome? In short, while we know family support makes a difference, we need to be more precise in discerning for whom, under what conditions, and over what period of time.

The challenge for the next decade is building on strength. We know that—but are not quite sure how—family support will burgeon in the 1990s. We know that the Family Resource Coalition can and will provide the leadership to be sure we stay on track, by defining the issues, asking the hard questions, and pressing for new ideas and new resources. To the Coalition, we owe thanks; in it, we place our hopes.

But we also know that nurturing quality, empowering families, and infusing family support principles into institutions is hard work. It demands a society that values parenting and a political system concerned with the importance of supporting families. To that end, those concerned about family and societal well-being—and those who understand how intimately they are connected—must vigilantly rededicate themselves and their work. Never has the opportunity been more ripe, nor our collective work more needed. □

Sharon L. Kagan is the Associate Director of The Bush Center in Child Development and Social Policy at Yale University, and Vice Chairman of the Family Resource Coalition's Board of Directors.

FRC's Conference moves to a new time of year

SAVE THE DATE!

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COALITION

4

MAY 6–9, 1992

IN CHICAGO
AT THE
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Watch for a member mailing and a call for proposals. Conference tracks will focus on family resource principles:

◆

cultural responsiveness

◆

parent empowerment

◆

community-based support

◆

human development education

◆

family-centered services

Preconference Day, May 6, extended sessions on skill-building, advocacy, work and family, and leadership.

The Family Resource Coalition's mission is to build support and resources within communities that strengthen and empower families, enhance the capacities of parents, and foster the optimal development of children and youth. This national Coalition provides leadership by developing resources for programs, by affecting public policies, and by increasing the public understanding of and commitment to families.

The Coalition represents more than 2500 family resource programs and assists thousands of people throughout the United States and Canada who work with programs and families:

- by developing a national resource center on family resource programs and continually updating and reviewing information to aid program providers and parents
- by advocating on issues that affect families at local, state, and federal levels
- through consulting and training services for state and local governments, schools, and other agencies in the process of integrating family-focused, prevention principles into their systems
- by publishing books, guides, reports, and periodicals on practical as well as cutting-edge work in the family resource field
- by sponsoring national and regional conferences, establishing state networks, and assisting in the creation of affinity groups
- by providing technical assistance on program development for FRC members. ☐

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FAMILY RESOURCE COALITION

report

Volume 10, Number 2—1991

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"But What Should I Say?"

Five Principles to Help Families Deal with Television

Once upon a time, children acquired knowledge of the world in a gradual, controlled way. They learned how to behave by watching adults. Their parents taught them about practical affairs and moral values (but not about the kinds of things that happen behind closed doors). Even after they started school, their developing reading skills restricted them, more or less, to stories and facts deemed suitable for their age level.

Instead of a gradual petallike unfolding, today's children are flung headfirst down the rabbit hole of adult knowledge. The main reason is...television. As author Joshua Meyrowitz put it in a recent issue of Media&Values magazine, "Television destroyed the system that segregated adult from child knowledge, and separated information into year-by-year slices for children of different ages...TV takes our children across the globe before parents give them permission to cross the street."

What children lack and most adults possess, however, is the ability to distinguish between reality and fantasy. Young viewers don't have the experience to tell the difference between the continuing drama and trauma of soaps, action adventure shows and sitcoms, and the day-to-day routine that most grown-ups live (and that their childhood should be preparing them for). Without proper guidance, television may encourage children to grow up dissatisfied with lives less exciting and glamorous than the TV heroes they admire—and avoid handling problems and conflicts that can't be solved in 22 minutes.

Parents are often advised to watch television with their kids and talk to them about what they see. But the task is overwhelming. Many parents aren't home to monitor the episodes of *G.I. Joe* and *Teenage Mutant Ninja Turtles* that their children absorb with afterschool snacks. They can't watch each TV set in a multiscreen house, spend hours viewing the television in a children's bedroom, or control the cable channels that change with each click of the remote.

Most would-be adult TV monitors have another problem as well: They don't know what to look for. And even when they see something that disturbs them, they don't always know what to say. Most of all, they don't know how to capture children's attention from the seductive embrace of the flickering images long enough to make a point about the scene or dialogue that's already flashed by.

Creating a family of be-your-own media critics is the answer to this challenge. With appropriate training, most parents can learn both to recognize problems with television and pass that knowledge on to their children. But this kind of parent-child interaction is only the means. The true goal is media-literate families, with both parents and children not only able but eager to pursue their own internal dialogues that interpret and demystify the media they see and hear.

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ISSN 1041-8660

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The following five principles of media literacy can help parents move beyond saying, "I don't like that show because it's too violent" or "Can't you watch something educational?" Once learned and assimilated they can be applied to any viewing situation and help turn any family into more knowledgeable—and selective—TV viewers.

1. People are Smarter than Television

No one does or believes everything they see on television, and both children and adults can learn to be consciously skeptical of what they see. Making connections with the activities of everyday life is probably the easiest way to alter or enhance the messages of television without interfering with children's favorite shows. It's based on the concept that everyone has filters that affect their reception of messages. The idea, then, is to develop similar filters in children that cause them to think of other things—real life things— when they see a McDonald's commercial or "bedroom kissing." A parent who, for example, uses a scruffy woman on *The Cosby Show* as a springboard for discussing the homeless is helping children exercise their own ability to make connections with things in everyday life. Once learned, this technique can help children use TV as a tool to expand their world—so that they want to do more reading, play more games, do more creative school work, and find they really are smarter than the TV.

2. TV's World is not Real

Children, particularly girls and boys under seven, are especially vulnerable to the illusion that the events portrayed on television are real. According to developmental theory, it's not until about the second grade that children develop the intellectual ability to tell the difference between what is real and what is imaginary. Parents who learn to casually pull out bits of information about laughtracks and the mashed potatoes that masquerade as ice cream in commercials have all made progress in breaking the video spell and persuading their children to be skeptical about what they see.

3. TV Teaches that Some People are More Important than Others

It takes a little practice to learn to notice the preponderance of white male interviewees on Ted Koppel's *Nightline* or the almost total invisibility of Hispanics, Asians, Native Americans, and other minorities in the rest of the TV schedule. But a closer look demonstrates an uncomfortable fact: On the whole, TV presents a generally male and white perspective on the world. Everyone else is less important and therefore much more likely to get killed or be victimized.

Parents who talk back to their television sets have the best chance of making their children sensitive to these issues and reminding them of this questionable picture of reality. A running parental commentary on the impossible figures of commercial models, housewives who talk to their toilet bowls, and beer-guzzling sports heroes—all can help children avoid taking TV's unrealistic world for granted.

4. TV Keeps Doing the Same Things Over and Over

Children can learn to spot the techniques, the conventions, and the mannerisms—from women whose bedtime make-up is always perfect to the use of scary music—that appear over and over in shows. Once again, the parent who can make a game out of TV watching can teach media literacy before children even know it. Count the times the music changes during the action climax of a favorite dramatic show or how various camera angles are used during a car chase scene. A child who can recognize deliberate production decisions is well on the way to being a media-literate consumer.

5. Somebody's Always Trying to Make Money with Television

The Ninja Turtle/Strawberry Shortcake mania that afflicts so many families is easier to avoid when parents and children know how to question television's role in eliciting these crazes. Understanding TV's emphasis on the bottom line is the place to start. Everything we see on TV is concocted to attract the largest audience with the highest possible disposable income. In a real sense, nothing else matters.

A few casual questions and answers can help parents make these facts obvious to youngsters: Why does Nike Air Jordan advertise on basketball games but not on *Designing Women?* What kind of shows advertise beer instead of household products? And so on.

With a little experience, families can try predicting the types of commercials that might be expected on certain shows. Evaluate the accuracy of predictions and discuss the results. This is a great activity for younger children because it helps them identify when commercials start and end, a basic skill for young viewers.

Both parents and children benefit by learning—and remembering—that networks, TV stations, and cable all make their money by selling commercials. It would be more accurate to say that the shows exist to sell audience (that's all of us) to the sponsors.

It's important for every family member to understand that just about everything we see on TV is impacted by someone's desire to make money. Assume there are no pure motives. Even the news is influenced by commercial constraints, with the stiff competition for ratings at the top of the list.

Although most of these five basic concepts can be assimilated in some form by any child old enough to turn a television dial, many adults never grasp them. All the more reason to start teaching these concepts to both children and their parents. When young viewers turn around and start pointing out TV's lapses to Mom and Dad, the battle for media awareness will take a major step forward. And perhaps the latest heavily advertised gimmicks—from jeans and athletic shoes to Nintendo game cartridges—won't seem nearly so appealing. ☐

The preceding article was adapted by Rosalind Silver, Editor, from "But What do I Say? Five Important Ideas to Teach Your Kids about TV" by Jay Davis, and other material from the Fall 1990/Winter 1991 issue of Media&Values *magazine. The Center for* Media and Values *is a member of the Family Resource Coalition.*

Families and Television: Taking the Next Step

For a wealth of resources about how families can handle the media in their lives, order "Children and Television: Growing up in a Media World," the #52–53 issue of Media&Values magazine ($5 single copy/call for quantity discounts). Or the issue is free in the Media Literacy Workshop Kit™ *Parenting in a TV Age* ($17.95). The kit also includes leaders' guides and handout masters for four two-hour group sessions on issues of children and TV. Excellent for parenting groups or family life education programs. Order from the Center for Media and Values, 1962 S. Shenandoah, Los Angeles, CA 90034 213/559-2944. An educational not-for-profit membership organization, the Center empowers the public by publishing educational curriculum materials and other resources for critical awareness about media. ☐

**** Working for Families

by Congresswoman Pat Schroeder

Pat Schroeder, chairwoman of the Select Committee on Children, Youth, and Families: U.S. House of Representatives

I was especially honored and delighted with my appointment—by the Speaker of the House in February—as chairwoman of the Select Committee on Children, Youth, and Families. My concern for family and children's issues drove me to run for Congress nearly 20 years ago.

Back then, family issues were virtually nowhere to be found in policy discussions. That has changed. It's now okay to talk about children and families, and everybody has jumped on the bandwagon and is beating the drum. I am eager to step up that tempo among the 36 members of this Select Committee, and to push for long overdue action. I see this Select Committee as the conscience of the Congress and fully intend that it will continue to carry out that responsibility.

When the Select Committee on Children, Youth, and Families was created in 1983, it was charged with assessing the conditions of American families and recommending ways to improve their circumstances. The Select Committee's work has contributed time and again to legislative initiatives designed to improve the economic security, health care, nutrition, childcare options, and general well-being of American families and children. In the face of actions during the last decade that dismantled supports or otherwise made it impossible for families to obtain needed assistance, we may have succeeded only in keeping even.

Over the past 20 years, the American family and workplace have undergone unprecedented changes. We are now firmly in an era in which vast numbers of families struggle day in and day out to balance the responsibilities of their family and work lives. In 1965, less than 40 percent of women were in the workforce; today, nearly 60 percent of women work. More than one-half of mothers with children under the age of six work outside the home, and 74 percent of mothers with children over age six were in the paid labor force in 1988. Two-thirds of working fathers with children under the age of 18 have working wives, and while the vast majority of single-parent families are maintained by mothers only, just over one million families were maintained by single fathers.

In the majority of families with children, the adults who are present in the home work. They have to work because the cost of living is so high and the real incomes of moderate- and middle-income families have declined since the mid-1970s.

As a result, the poor have gotten poorer and moderate- and middle-income families have watched their security erode, many living but a paycheck or an emergency away from disaster. As I've talked with parents across the country, many have told me that they are moving backward. Some 20 percent of children now live in poverty, 37 million Americans have no health insurance, our human services are a mess, and the economic recession has only created more bad times for families.

Our national priorities never were very aligned with the needs of our families and society as a whole, but certainly now have fallen far out of step. The Federal government has failed to make needed investments in successful and cost-saving interventions, and the implementation of many policies has proven distinctly unfriendly to families. In my new role as chairwoman, the Select Committee will focus on programs that work and on the creation of policies and services that are more family-friendly, efficient, and result in practices that make a difference.

Already we know that early and cost-effective prenatal care can reduce infant mortality and the incidence of low birthweight births. Yet, we fail to invest a few hundred dollars in such care for each needy pregnant woman. Instead, annually tens of thousands of babies continue to die and we spend $2 billion to care for critically ill infants. WIC, the Special Supplemental Food Program for Women, Infants, and Children, improves vital nutrition and birth outcomes and can give us a return of $3 for every $1 invested. Yet, only about half of those who are eligible can participate. Head Start and other comprehensive early childhood education interventions are among our best investments to ensure school readiness, but an even smaller proportion of eligible children and families receive services. This is neither smart government nor good business. I intend to keep pointing that out every chance I get.

In the first hearing that I convened upon becoming chairwoman, the Select Committee focused on creating a more family-friendly tax policy that would put money back in the pockets of families by easing their tax burden. The sad fact is that the tax code has failed to keep up with the cost of raising children. Literally every parent I talk with tells me so—loudly and clearly.

Another hearing has explored ways to provide more family friendly health care through increased availability of comprehensive services and more efficient service delivery. Families seeking immunizations and health check-ups for their children, nutrition assistance, and other basic supports should not have to traipse around the countryside, fill out multiple forms that ask for the same information, and be denied assistance because of bureaucratic hurdles they can't jump. Recently, the Committee also heard from corporate leaders and researchers about the need for attitude changes and greater workplace flexibility to create a family-friendly workplace culture for fathers.

In the upcoming weeks and months, the Committee's agenda will focus on adolescents—the risks they face by virtue of being teens in today's society—and how parents and others can successfully communicate and work with young people to help ensure their safety and healthy development. The prevention and reduction of family crises resulting from child abuse and family violence, substance abuse, crime, and homelessness will also continue to command our special attention.

Finally, we will engage all sectors of our society in developing policies that will benefit all of America's children. Families, government, and the private sector must all be involved in, contribute to, and be held responsible for solutions.

Patricia Scott Schroeder, Democrat, represents the First Congressional District of Colorado and is the Dean of the Colorado Congressional Delegation. She is the most senior woman in Congress and the Chair of the Select Committee on Children, Youth, and Families as well as a member of the House Armed Services Committee, the House Judiciary Committee, and the House Committee on Post Office and Civil Service. She is one of only four women to chair a House committee in this century. During the 101st Congress, Mrs. Schroeder made family issues, women's health issues, and defense burden-sharing her top priorities; she is the leading House sponsor of the Family and Medical Leave Act.

Contact: Congresswoman Pat Schroeder, the Select Committee on Children, Youth, and Families, Room 385, House Office Building-Annex 2, Washington, DC 20515 202/226-7660.

■ by Linda Lipton

Shaping the Future– How to Build Partnerships with Local Community Foundations

Back in 1913, Ohio banker Frank Goff wanted to make sure that money set aside for charitable purposes through wills and estates would be spent wisely years after the decedents had passed away. He felt that a new type of organization was needed to make such philanthropy more effective —that it was necessary to "cut off as much as is harmful of the dead past from the living present and the unborn future."

With these purposes in mind, Goff formed the Cleveland Community Foundation. Individual bequests from a large number of estates were pooled, the funds were managed by a committee of bank representatives, and the interest earned on the investments was distributed by a group of civic leaders who had been appointed because of their knowledge of the local community and its needs.

Resources for Those Who are New to Community Foundations

You can get the name and address of your local community foundation by writing or calling the Information Services Coordinator, Council on Foundations, 1828 L St. N.W., Washington, DC 20036 202/466-6512. This office can also give you additional background information on the scope of the community foundations field.

In order to develop a detailed profile of the community foundation that interests your organization, certainly contact it directly, but also visit your local/regional branch of the foundation resource library within the Foundation Center's national system. A network of over 180 cooperating libraries in all 50 states and abroad provide free access to core Center publications as well as background information on specific foundations. Call or write the Center for the address of your local network library: 79 Fifth Ave., New York, NY 10003-3050 212/620-4230.

For additional information on how your community foundation ranks on such issues as community responsiveness and minority representation, contact the National Committee for Responsive Philanthropy (NCRP). This group publishes studies on a range of philanthropic policy issues and also offers technical assistance to groups trying to expand and redirect funding resources in their local communities: NCRP, 2001 S St. N.W., Suite 620, Washington, DC 20009 202/387-9177.

Today, Goff's idea has spawned over 400 community foundations with more than $6 billion in assets, and annual grants of approximately $500 million. In most cases, the members of the community foundation's distribution committee are selected not by donors or their friends, but by individuals who hold leadership positions in the courts and in private institutions such as chambers of commerce and universities.

Community foundations represent an important segment of the funding community, due in large part to the inherent flexibility of their original design. One commentator on the movement has captured the essence of a community foundation's sensitivity to changing needs by describing their donors as "individuals who agree to support purposes they cannot know, purposes that are certain to be changed in ways they cannot anticipate, by a group of people whose identities and commitments are also certain to change."[1]

If you plan on working with community foundations in your area, there are several aspects of their operation to which you should be sensitive.

- **Some money is donated with strings and some is not.**

Donors provide money to the endowment of a community foundation in two main fashions: It can be given with restrictions, designating particular types of subject areas or issues on which it can be expended, and/or requiring the participation of living donors in the selection of grantees. Donors can also decide to provide money to the community foundation without any strings attached, leaving it up to staff and board of the community foundation to develop grantmaking priorities and choice of grantee organizations. The balance between restricted and unrestricted funds will determine how many new agendas a community foundation can add to its list of priorities in meeting the needs of a diverse set of constituencies.

- **There is more to community foundation work than grantmaking.**

Many community foundations play an important role as convener. They view their mission, in part, to serve as a catalyst to bring groups together for first time conversations. Such meetings often lay the groundwork for productive coalitions whose members can pool their resources and work in unison to address complex community problems.

- **Support for individual grantees can come in many forms.**

You don't have to propose a time-limited demonstration project in order to garner community foundation support. While each foundation will vary in the degree to which they provide general operating support to nonprofit organizations, many see such grants as an important part of their responsibility to the community they assist. "Community foundations tend to be in the business of creating and supporting a network of services for the people in the communities they serve," says a senior staff associate at a large community foundation, so don't assume that only replicable model projects need apply.

A Resource of Great Potential

While their size, staffing, and internal structures vary greatly, these philanthropies have great potential for having a dramatic impact on human service organizations:[2]

- Because they are focused on a specific geographic area, community foundations have a mandate to become intimately knowledgeable about local problems and the grassroots organizations in their sphere of operation. They can take the opportunity to deal with issues in a comprehensive and integrated fashion, cutting across programmatic lines and looking instead at community-wide needs.
- The community foundation's local expertise can be funneled to national founders, offering the possibility for structuring joint ventures with philanthropies outside the local region; such partnerships can bring in new dollars to supplement those available to local groups.
- Unlike many other funders, community foundations are built to grow, bringing in new donors, both large and small, each year. With the prospect of an ever-increasing capacity to make grants, community foundations can become the cornerstone of a strong local funding base for grassroots organizations.

PHOTO WTTW/CHANNEL 11

The Chicago Community Trust is funding "Chicago Matters," a series on WTTW/Channel 11, with a three-year, $900,000.00 grant; each program addresses timely community concerns. During the second season, in which the focus was on children's issues, one of the broadcasts featured TV medical reporter Dr. Bruce Dan on "Protect Yourself: Teaching Your Children About AIDS."

How to Connect with Your Community Foundation

If you want a community foundation to become a long-term resource for your program, it is best to view the connection as a personal relationship. The effort required to build a partnership for the future will not be insignificant, but the investment can be well worth your time.

- **Do your homework first.**

As in most other segments of the funding community, there is considerable variety among community foundations. Don't make the mistake of assuming anything about the one in your area. Request a copy of the foundation's annual report, guidelines for funding, and any special publications it may have issued about its activities (newsletters, requests for proposals or specific funding initiatives, studies on particular area problems or issues).

After you have reviewed these materials, talk to your nonprofit colleagues. Find out what their experience has been in seeking funds from the foundation. Are there particular staff people who have been especially responsive? Does the written information match the manner in which they have been treated? Has the community foundation taken a leadership role in particular subject matter areas?

- **Don't wait for an invitation.**

Foundations invest in people they trust. They want to have confidence that the great idea contained in a written proposal will have a decent chance of being implemented. Trust, however, cannot be built overnight, so you need to take the initiative and introduce yourself and your agency to representatives of the foundation.

A variety of occasions can present themselves for getting acquainted: (1) Be sure you place the community foundation on any lists you have for sending annual reports, press clips, or other documents that capture the activities and accomplishments of your organization for public view. Don't assume that word of mouth or the newspaper will carry your periodic messages to a foundation staff person; add a note indicating why it is important for them to keep up to date on your work. (2) Arrange a meeting to learn more about the foundation's work. While some foundations discourage pre-proposal meetings, many are open to informal conversations if there are issues about funding priorities that you would like clarified or if you are soliciting input on the content of future projects without tying the discussion to submission of a specific proposal. Still others may be interested in giving you feedback on alternative designs for accomplishing your goals.

- **Offer to help.**

You may be able to be of critical assistance to your community foundation in its attempt to stay abreast of changing needs, to uncover gaps in services, and to discern opportunities for them to play a coordinating or leadership role in addressing current community problems. Perhaps your organization can serve on an advisory committee to the foundation; maybe you can assist them in putting together a luncheon group to discuss a problem of mutual concern; or consider whether there are meetings at your organization or within your larger network that might be of interest to a particular staff person at the foundation. In short, become a resource.

- **Friends can criticize each other.**

Community foundations have come in for their share of criticism. Some have been accused of failing to take on risky projects, others have been viewed as discouraging minority representation, and still others have been attacked as not being sufficiently accountable to the communities in which they provide funding.

The more prominent critics, such as Robert Bothwell of the National Committee for Responsive Philanthropy (NCRP), have suggested a variety of methods for addressing these concerns: conducting "never a grantee" focus groups to alert foundation representatives to potential grantees who have not applied or have been rejected in prior attempts, diversifying the composition of distribution committees to assure a better representation of all segments of the community in question, and publishing more detailed information on the projects funded and the population groups ultimately served.

Be sure that you are aware of how your community foundation has fared in national studies conducted by NCRP, and decide whether there are issues that remain to be tackled in your geographic area. If so, seek the counsel of other nonprofit colleagues in how to approach community foundation representatives about your concerns.

In a similar fashion, community foundations can teach you about agency shortcomings, pinpointing areas that need improvement and resources available for doing so. Technical assistance grants or dollars targeted exclusively for building the management capacity of your organization may be available with less paperwork involved than the regular grantmaking process. A working relationship can and should be a two-way street, so be sure to alert your community foundation representative of your willingness to enhance your internal management capabilities.

- **When appropriate, consider applying for funds.**

If you have made an attempt to build a relationship with your community foundation, you will have learned whether and when it will be appropriate to apply for funding. By not putting the cart before the horse, you will have found that a slower and more planful approach provides a better basis for soliciting funds than dashing in with a good idea encased in a cold proposal. A community foundation has the potential for becoming a long-term partner for your organization; it deserves some special attention up front if that potential is to be achieved. ☐

Endnotes

1. HAMMACK, D (1989). "Community foundations: The delicate question of purpose" in *An Agile Servant: Community Leadership by Community Foundations*. The Foundation Center, p. 24.
2. Mott Foundation Special Report: *Community Foundations: A Growing Force in Philanthropy* (1985), p. 5.

Linda Lipton is an independent consultant serving nonprofit and public organizations. Her current clients include major philanthropies and many human service organizations in the Chicago metropolitan area. Since graduating from the University of Pennsylvania Law School in 1974, she has worked at national, state, and local levels with service at such agencies as the Children's Defense Fund, the Chicago Community Trust, and the Family Resource Coalition (as its first Executive Director). She can be contacted at 725 Judson Ave., Evanston, IL 60202 708/864-3233.

by Karen E. Kelley

Family Support: An African American Tradition

Despite the fact that African Americans have been in this country for hundreds of years, service providers in a variety of fields are still struggling to find the most effective strategies for working with Black families. While much has been written about providing child welfare and treatment services, the literature does not provide us with similar guidance for the family support field. This article will explore some of the available information on Black families and offer suggestions for integrating that knowledge into programmatic efforts.

The first step in designing effective family support strategies for African American families must be to learn about their history and culture. In the search for that knowledge, one will find a range of opinions. In the second edition of *Black Families*,[1] for example, editor Harriette McAdoo summarizes different perceptions: "There have been major divisions within the field of Black family studies. The major disagreement has focused on whether or not Black families differ from non-Black families in any other way than the former's greater level of poverty. One view has held that Black families are what they are simply because they are poor; if poverty was removed, then there would be a convergence of values and structure between all families. Another view is that poverty, plus the experience of slavery and Reconstruction, have left an indelible mark on families that has existed to the present. Still another view is that Black families are unique because of the remnants of African culture that have been maintained and have adapted to discrimination."

McAdoo suggests that a true picture of African American families is most likely a combination of all these perspectives. The question for family support practitioners and policymakers is: What relationship should the culture, history, and experience of Black families have to family support programming?

The Key Role of Family Support Programs

Black families in this country are disproportionately poor. According to *The Status of Black Children*,[2] published by the National Black Child Development Institute in 1989, "Nearly one in two [Black children] are poor—three times the rate of white children. Tragically, the most vulnerable segment of the Black population, children under the age of three, are more likely than virtually any other segment of the American population to be poor: over 49 percent of these children live in poverty, according to the Census Bureau."

Of course, not all Black families live in poverty but it is likely that many of those who participate in family support programs are poor. It follows then that programs can respond by helping families to meet their basic needs for food, clothing, and shelter, and by ensuring that the health needs of children and families are met. In addition, family support programs must work with Black families to help them develop a plan for moving out of poverty to become self-sufficient. Creative solutions are needed for addressing the needs of Black families in impoverished communities who have few employment and training opportunities. Policymakers and advocates must continue to publicize the need for programs and services for those families who are greatly in need.

In searching for the key to serving Black families, we cannot ignore the impact of slavery. Scholars have documented the strong ties that Black families maintained throughout that period of history, despite the forced separations experienced by many of them. Strict child discipline practices have been traced back to slavery and tied to pure survival, and poignant stories are told of slave's first activities after being freed: finding one's children and family.

Perhaps one of the most interesting perspectives on the Black family looks at the traits and habits they have carried onward from Africa. No other ethnic group has been denied the link to their homeland in the way that African Americans have been. But despite the fact that slaves were not allowed to speak their language and members of tribes were separated to prevent communication, scholars such as Dr. Wade Nobles, Dr. Asa Hilliard, and Dr. Janice Hale-Benson document that Black people in this country still exhibit many African ways. These characteristics are evident in their values, traditions, child-rearing practices, and religious beliefs.

Family support programs must acknowledge that while formal slavery is over, racism and oppression have taken on different forms in the 1990s. African American adults meet racism on a daily basis and must prepare their children to deal with it as well. In his book, *Maggie's American Dream: The Life and Times of a Black Family*,[3] Dr. James Comer states, "Being Black in America is often like playing your home games on the opponents' court."

Family support programs can provide Black families with a refuge from the racist,and unsupportive practices of the outer world. In the safe climate created by programs, parents can have the opportunity to explore solutions to the challenges of raising a Black child in a white society. Staff members must celebrate the rich cultural heritage of Black families and exhibit a capacity to develop trusting and empowering relationships.

"Something Inside So Strong"

The traits and survival techniques demonstrated by Black families are perhaps best described in Robert Hill's classic work, *The Strength of Black Families.*[4] Despite past and current writings about the many problems experienced by Black families—including lack of education, poverty, and teen pregnancy—Hill challenges the adoption of a totally deficit perspective. He asserts that "Examination of the literature on Black families reveals that the following characteristics have been functional for their survival, development, and stability:

- strong kinship bonds
- strong work orientation
- adaptability of family roles
- strong achievement orientation
- strong religious orientation

Although these traits can be found among white families, they are manifested quite differently in the lives of Black families."

Although family support programs are dedicated to building on the strengths of families, program providers often fail to look beyond the presenting problem (e.g., teen pregnancy) to find the many strengths that a family possesses. An understanding of and respect for cultural differences requires a relabeling of characteristics that may not be the same in other families. For example, the notion of "strong kinship bonds" discussed by Hill may seem confusing to staff people who work in family support programs. A home visit to a Black family may reveal that several generations reside in the household, and that some of those who are considered full-fledged family members are not blood relatives, but have been informally adopted as family.

Programs serving Black families must respond to this situation by providing a range of services for a variety of family members, and by respecting a family's rights to define the members of their unit. Only by building on these strengths does a family have an opportunity to realize its fullest potential in the context of their reality.

Black families have historically been dedicated to hard work and to caring for family. Hill quotes an earlier study conducted by Otto (1962) which identifies "an ability for self-help and the ability to accept help when appropriate" as a strength of Black families. Hill ties this tendency towards self-help to a strong desire to work and achieve. Family support programs, with their commitment and belief in self-help, are a natural fit for Black families.

Related to this strong work orientation is what Hill calls an "adaptability of family roles." Many proud Black families have always had both men and women working to support the family. He states that "Much of this role flexibility probably developed in response to economic necessities," and cites examples of older siblings caring for younger siblings so that parents could work, and the entrance of young teens in the labor market to "supplement the family income."

While the literature is replete with studies of poor achievement by Black children, Hill asserts that Black families indeed have high achievement expectations for their youngsters. Family support programs can capitalize on and nurture those high expectations even before children enter school. Activities for children must promote education as a means of future success. Teens must be encouraged to stay in school and be provided with positive Black role models who can serve as examples of the benefits of hard work and study. And Black parents must be given the tools to advocate on behalf of their children to ensure that they receive the necessary services and educational supports.

Finally, Hill states that "Blacks have been adept at using religion as a mechanism for survival and advancement throughout their history in America. During slavery, religion served as a stimulant for hundreds of rebellions that took place. It was also a major source of strength during the civil rights movement of the 50s and 60s." Despite a tendency of human service agencies to stay away from religion as a consideration in service provision, programs that work with Black families must recognize the shared cultural belief and reliance on a higher power among most African American peoples. Programs should look to families and the surrounding community to provide direction for the role that this expression of spirituality needs to play in the design and delivery of family support services.

Summary

Additional study is needed in order to document the most effective program design and service delivery strategies to use with Black families in family support programs. Efforts such as the Ounce of Prevention Fund's Black Family Project and the Family Resource Coalition's African American Caucus are important steps in that direction.

In her discussion of "Ethnicity and Family Support" in *America's Family Support Programs,*[5] Shirley Jenkins states that "the significance of the Black experience can be integrated into family support programs. The need to incorporate the target group's culture and ethos in program planning should be recognized. Such a goal may be already implicit in family support activities; if it is made explicit, the way may be opened for a variety of innovative approaches that will reach diverse populations." ☐

Endnotes

1. McADOO, H.P. (1988). *Black Families.* Newbury Park: Sage Publications, pp. 8–9.
2. "Special Report: The Status of Black Children" (1989). Washington, DC: The National Black Child Development Institute, p. 1.
3. COMER, J.P. (1988). *Maggie's American Dream: The Life and Times of a Black Family.* New York: New American Library, p. 178.
4. HILL, R.B. (1971). *The Strengths of Black Families.* New York: National Urban League, pp. 3-34.
5. JENKINS, S. (1987). "Ethnicity and Family Support." In S. Kagan, D. Powell, B. Weissbourd, and E. Zigler (eds.), *America's Family Support Programs.* New Haven: Yale University Press, p. 292.

Karen E. Kelley is the Director of Training for the Family Resource Coalition. She is also Project Director for the Coalition's Family Support Act Training and Technical Assistance Project in Illinois, Florida, and Connecticut, and co-chair of FRC's African American Caucus. Karen was formerly a Program Manager for The Ounce of Prevention Fund where she coordinated the training and parent group services activities for 37 community-based family support programs.

Members of the Family Resource Coalition have launched an African American Caucus in an effort to integrate knowledge of Black family history and culture into family support programming. The Caucus, funded by the Lilly Endowment, will collect information on program and training models, hold regional meetings, participate in the Coalition's biannual conference, and publish a newsletter on African American family issues and family support programs.

Contact Karen at the Family Resource Coalition, 200 S. Michigan Ave., Suite 1520, Chicago, IL 60604 312/341-0900 or Mustafa Abdul-Salaam, Caucus co-chair, at The New Haven (CT) Family Alliance 203/786-5970.

by Martha M. Bullen

F.E.M.A.L.E.
Formerly Employed Mothers At ~~Loose Ends~~
the Leading Edge

FEMALE: Support and Advocacy for At-Home Mothers

"A support group is being organized for women who have left paid employment to stay home with their children and are having difficulty making the transition. Formerly Employed Mothers At Loose Ends (FEMALE) will meet in the area."

With this advertisement, FEMALE made its first appearance in a suburban Chicago newspaper three-and-a-half years ago. Created as a support group for women who have interrupted their careers to raise their families, FEMALE is the only national organization to support women making transitions between paid employment and at-home mothering, and to advocate for women's family needs in and out of the workplace.

The group began in August, 1987 after Joanne Brundage, a postal worker, left her job because she was unable to find adequate daycare for her children. Faced with the loss of self-esteem, identity, and financial security that her job had supplied, she found herself depressed and unsure about her newfound role as a stay-at-home mother. After placing an ad in a local paper, Joanne found four other women who helped to get the group off the ground. Today, FEMALE has more than 700 members in the U.S., Canada, and France, and over 30 local chapters across the United States.

FEMALE provides opportunities for like-minded women to network with one another and to share ideas and information on how to maximize their personal growth and happiness during the at-home years. Members receive face-to-face support through a nationwide network of local chapters. Chapter involvement provides a core group of women who share friendship, concerns, and a sense of community. Local chapters feature regular monthly meetings with small group discussions and guest speakers, playgroups and babysitting co-ops, book discussion groups, "Moms' Night Out" activities and family social events, information on community resources, and support systems for members in times of personal need.

Members also receive a monthly newsletter, *FEMALE FORUM*, which features personal accounts of life at home, survival techniques, book reviews and author interviews, work/family issues, and a helpline.

FEMALE includes members from all facets of the working world—some came from fast-track professions, but many others worked in pink or blue collar jobs. Although members are from diverse backgrounds, they are united by the feelings they experience once they're at home—including isolation, loss of financial autonomy, and lack of respect from family, friends, and former coworkers.

Joanne Brundage comments, "Although we are primarily for at-home mothers, FEMALE is *not* opposed to women who work outside the home full-time. Many of our members work for pay in some capacity. We believe in respecting and supporting all mothers' choices involving work and family."

When the group originally started, it was known as "Formerly Employed Mothers At Loose Ends," because that's how many mothers felt after leaving the workforce. In May of this year, however, the organization decided to change its name to "Formerly Employed Mothers At The Leading Edge" because "at loose ends" no longer adequately described its members or the organization.

Joanne Brundage said, "We consider our members at the leading edge of the feminist movement in finding ways to balance family and work in their own lives." FEMALE members are also at the leading edge of a larger social trend—the Bureau of Labor Statistics has just reported that the percentage of women in the workforce has dropped (the first decrease since the government began keeping statistics on working women in 1948) as more and more women are choosing to stay home to raise their children.

Ms. Brundage feels that "At The Leading Edge" is also a better way of describing the group's committment to educating and motivating business and government to become more responsive to the needs of families. FEMALE's advocacy programs address improved and expanded childcare options, family leave policies, family-sensitive work options, and child-friendly public places.

One example of the group's leading edge activities is the Creative Work Alternatives Database, a pilot project in the Chicago area, which encourages businesses to offer part-time, flextime, and job-sharing opportunities. This database collects resume information from mothers who desire a flexible work arrangement, and then provides placement services to area businesses who are open to offering these types of employment positions. Upon successful establishment of this pilot program, FEMALE plans to expand the service to other metropolitan areas.

This all-volunteer organization offers a wide variety of leadership opportunities at all levels. FEMALE encourages its members to get involved and put their talents to good use by contributing to the organization's mission and making a positive difference in other women's lives.

Volunteer opportunities range from writing to public speaking, making use of secretarial, organizational and managerial skills, desk-top publishing, bookkeeping, and representing the group to the media. *The Leader's Edge*, another FEMALE newsletter which is published quarterly for local chapter leaders, aids in chapter planning and development and provides a forum for the exchange of ideas, questions, and concerns among leaders across the country.

Arlene Rossen Cardozo, author of the ground-breaking book, *Sequencing*, praised FEMALE's work and called it the only group of its kind in the nation. Cardozo stated, "FEMALE is doing impressive work in providing support, information, and a forum for communication for women during the years in which they are concentrating their energies on the raising of the next generation." ☐

Martha M. Bullen serves on the national board of FEMALE and is the at-home mother of two-and-one-half-year-old Claire. She previously worked as Marketing Manager for Bonus Books, a Chicago-based publishing company. Ms. Bullen is currently co-authoring a book for mothers at home entitled Motherhood Is My Career, *which will be published by Little, Brown in May, 1992.*

For more information, contact: FEMALE, PO Box 31, Elmhurst, IL 60126 708/941-3553. An annual membership is $20; it includes a subscription to FEMALE FORUM *and membership in a local chapter.*

by Elizabeth Rosseel

Four Massachusetts employers, all cited in *Working Mother* magazine's 1990 list of "The 75 Best Companies for Working Mothers," are taking the lead in the work-family policy arena. While each of these companies rank childcare as an important family support, many other creative, less costly alternatives have emerged in the form of flexible benefit practices. These companies can well serve as models for other organizations seeking innovation and flexibility in the workplace.

Flexibility in the Workplace: Profiles of Innovative Massachusetts Companies

STRIDE RITE: Cambridge

Stride Rite Corporation, a footwear manufacturer employing over 3500, pioneered one of the nation's first on-site employer-sponsored childcare centers in 1971. Last year, the company broke new ground again when they launched the country's first employer-sponsored intergenerational daycare center which joins young children and seniors in a specially designed facility located at corporate headquarters. The center has separate areas and programs for each age group, but activities such as cooking and crafts bring children and elders together at various points throughout the day.

Karen Leibold, Director of Work/Family Programs for Stride Rite, spent three years developing this innovative collaboration between Stride Rite, Somerville/Cambridge Elder Services, and Wheelock College. She credits CEO Arnold Hiatt with the vision that backed the center and the company's varied family support policies. Stride Rite benefits include an 8-week paid maternity leave, an 18-week unpaid job-protected family leave which can be used for adoption or family illness, a national resource and referral program for childcare, seminars on dependent care, and a recently launched employee assistance program.

HILL HOLLIDAY: Boston

Hill Holliday, Connors, Cosmopulos, Inc., one of New England's leading advertising agencies, has a national workforce of over 400 that is 75 percent female. The agency's family supportive programs combine a daycare center (developed eight years ago) with a variety of flexible benefits that include 8-week paid maternity or adoption leave and a dependent care assistance program (DECAP) that offers a $5,000 tax-free benefit for childcare or eldercare expenses. Two recent family support initiatives offer a reduced work week and job sharing, designed primarily for mothers with young children.

Gary Stephens, Human Resources Representative, says the benefits program is informal and has evolved out of employee needs. Like Stride Rite, the force behind Hill Holliday's innovative spirit has come from the top—CEO and founder Jack Connors, who Stephens describes as "a very progressive, family-oriented person with vision and flexibility."

BETH ISRAEL HOSPITAL: Brookline

Beth Israel (BI), a major teaching hospital of Harvard Medical School, offers an expansive, more formalized flexible benefits program to meet the needs of over 5,000 employees. The BI package includes an employee wellness program, a dependent care resource and referral network, an employee assistance program, and a reimbursement account for dependent care expenses. Courses on many topics such as stress, work/family issues, and childcare options are also available.

BI's popular Earned Time (ET) program, introduced eight years ago, allows employees to combine all paid sick time, vacation time, and holiday hours into a single time bank account which can be used at their own discretion. "The BI philosophy," explains Maria Tarullo, Director of Human Resource Operations, "is creating a supportive workplace for everyone, not solely for families. While 75-80 percent of the workforce is female, 45 to 50 percent of our workforce is probably single."

The programs at BI have come out of the inspiration and vision of Dr. Mitchell Rabkin, hospital President, and Laura Avakian, Vice President of Human Resources. New programs are often shaped using representative focus groups. The most recent addition to Beth Israel's impressive repertoire is an on-site childcare center with space for 114 children.

DIGITAL EQUIPMENT CORPORATION: Maynard

The leading worldwide supplier of networked computer systems and services, Digital Equipment Corporation (DEC) has long enjoyed a reputation as an employee-responsive company. Their "Life Balance Strategy," introduced two years ago, includes a core policy called Headcount Equivalency, an innovative method that tallies the number of total employee hours worked, rather than the total number of employees. According to Laurie Margolies, Corporate Employee Relations manager, "Equivalency changes the way managers account for the time of their employees and provides greater flexibility for less than full-time work options."

While part-time and flextime work have existed at Digital for years, a second aspect of DEC's new program, Alternative Work Strategy, moves towards institutionalizing these arrangements, offering options for those returning from disability leave or pre-retirement. DEC also has a childcare resource and referral program and dependent care reimbursement.

New programs like those above typically evolve out of task forces initiated either by Corporate Personnel or by managers and employees throughout the organization. "While family issues may drive the programs," states Margolies, "they are not exclusive and respond to single people as well." Part-time work, for example, is an option at Digital for a man caring for an aging parent or an employee doing volunteer work in a community soup kitchen.

Summary

These four corporate leaders provide simple, straightforward words of advice: "Know your employees." This credo, to which Tarullo, Stephens, and Margolies ascribe, involves talking with employees on a regular basis or conducting a formal survey. "You can't assume you know what people need," cautions Tarullo.

"Know your company." This means understanding your corporate culture, your business, and where it's headed. "It's important," advises Margolies, "to find out what works at your company and how change has happened in the past."

"Do your homework." Stephens, Leibold, and Tarullo all agree that talking with other innovative companies is a good place to start. And perhaps most important is Tarullo's reminder: "You don't have to spend a lot of money to offer flexibility, access, and convenience to employees." ☐

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by Dawn Hanson Smart

A City Grapples with Family Support: Seattle's "Family Support Opportunities For Action"

For a year, staff representatives from fifteen government departments and offices have worked together as the City of Seattle's Family Support Team to fashion a tool that would guide the City's discussion of family support issues. Beginning with a set of operating principles based on the values associated with the family support movement, the Team created a document which identifies the potential actions local government can take in the area of family support.

Seattle's *Family Support Opportunities For Action* is a work in progress—a compendium of ideas the City can pursue on behalf of its families. It includes broad goals, provides a definition of families, and identifies different roles the City can play. It gives examples of strategies Seattle already undertakes and new initiatives the City could introduce in support of families. The breadth and vision of the document make it a call to action, encouraging a municipal government to examine its unique position in supporting families and their development.

Opportunities For Action begins with the goals outlined in the accompanying box and an inclusive family definition:

> "A family is a self-defined group of people who may live together on a regular basis and who have a close, long-term, committed relationship and share or are responsible for the common necessities of life. Family members may include adult partners, dependent elders or children, as well as people related by blood or marriage."

The definition is included in a set of operating principles which encompass empowerment, a focus on prevention and early intervention, removal of barriers to service, the importance of cultural diversity, and participation of family members in planning and service delivery.

Opportunities For Action goes on to describe various roles the City can play and provides examples of relevant strategies for each one, often repeating a focus in areas where Seattle's municipal government has committed itself—health care, housing, childcare, public safety, recreation, and social development. The ten roles include:

- **Model Employer:** focusing on family-friendly policies and practices in the City workplace.
- **Advocate and Community Leader:** asking the City to be a strong voice for family support, speaking out about the importance of families to community development, and promoting family support services.
- **Service Deliverer:** identifying opportunities where the City can extend its services to families and how to incorporate family support and development principles into the direct service provided to citizens.
- **Resource Developer and Funder:** seeking the development of a community-wide system of services to address the needs of families.
- **Technical Assistance Provider:** encouraging greater capacity within local government to help agencies and organizations which deliver family support programming.
- **Planner and Coordinator:** promoting City participation in planning for local, regional, and State initiatives which benefit families.
- **Neighborhood/Economic Developer:** examining ways in which family support and development services are linked to and benefit neighborhoods and community development.
- **Policy Developer:** addressing family issues when creating policies and procedures to shape a vision of Seattle's families and their self-sufficiency.
- **Public Educator and Information Agent:** encouraging increased community knowledge of family support issues, programs, and resources.
- **Promoter of Human Rights and Cultural Diversity:** seeking opportunities to raise awareness and offer assistance in developing attitudes and behaviors consistent with these goals.
- **Enabler of Citizen Contribution and Participation:** encouraging the participation of all family members in community life.

GOALS

The City shall focus its energy and efforts to improve the quality of life, making Seattle the best possible place for families of all economic levels to live, and shall strengthen its capacity to support a diverse array of families and individuals.

1. **Promote physically and emotionally healthy families.**
2. **Assure that families living within our community can meet their basic needs and receive the support necessary to be self-sufficient.**
3. **Assure a safe environment throughout Seattle for families.**
4. **Develop opportunities for families to live, work, play, and grow together in a multi-cultural environment that supports and promotes communication among all groups and individuals.**
5. **Work to attract and keep a diverse population in Seattle, which includes families with children, to ensure the city is a viable, dynamic community in the future.**
6. **Promote diversity within Seattle's neighborhoods and support neighborhoods that are economically, ethnically, and culturally varied.**
7. **Educate the public, including youth and families and elders, on the changing needs of families.**
8. **Promote partnerships within the community to meet the diverse and changing needs of families.**

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The strategies specified in the document span a wide range of activities for the City. Examples of its resource development role are the funding of community-based family support centers and emergency and transitional housing programs. As a service deliverer, the City provides childcare subsidies; health care services; sports, recreation, arts and cultural programs; and operates an adult literacy program through the Seattle Public Library. The City's advocacy role at the state and federal levels includes low income and affordable housing; health care and nutrition funding; and child support enforcement efforts. In its role as an employer, the City enacted the Family Leave Ordinance in 1989 which extends sick and bereavement leave to allow care of domestic partners or their dependents, and in 1990 expanded enrollment in medical, dental, and accidental death and dismemberment plans to cover employees' domestic partners and their dependent children.

Seattle's attempt to think broadly about families represents a growing understanding across the country that local governments have a stake in family well-being and a vast array of options to choose from in their endeavor to support families' development. Seattle has placed new emphasis on this area. Among Mayor Norman Rice's goals is one that reads: "Further strengthen Seattle's capacity to support its diverse array of families and individuals." *Opportunities For Action* illustrates ways in which this goal can be carried out and how creatively attention to family issues can be applied at the local level.

City government can use any number of approaches to support families, regardless of whether it has mandated responsibility in a particular area. For example, most family income issues are outside the realm of local control; however, municipal government can take a position on and actively promote increases in the minimum wage and public assistance benefit levels. A city can examine each area where it provides service to citizens and identify ways to incorporate family activities, parent education, or family resource information in those services. It can commit itself to a greater level of understanding about the impact of local government policies and actions on families, including its land use and zoning practices. It can serve as a role model and give attention to the family-related needs of its employees.

The work in Seattle also points out the ways in which the values of the family support movement translate into the functional operation of an institution like municipal government. Interdepartmental efforts like Seattle's Family Support Team bring together a variety of viewpoints, knowledge, and expertise and allow staff to recognize the common goals and principles which guide their actions—regardless of whether they work in police departments, public libraries, housing divisions, or health programs. The bottom up approach to planning, made possible by involving line staff and managers, provides a wealth of information and creative thought about the potential for City action. Such efforts compel staff to broaden their thinking about what's possible and identify better ways to collaborate. This begins the process of building a collective awareness about and a more unified approach to family support and development.

> ***"Seattle's attempt to think broadly about families represents a growing understanding across the country that local governments have a stake in family well-being and a vast array of options to choose from in their endeavor to support families' development."***

The work of the Family Support Team was not always easy or simple, nor was the resulting document without controversy. The definition of family, for example, stimulated discussion about the customary focus of local government on "the individual" rather than the family. Given Seattle's long-standing attention to children and youth, the definition also raised questions about the broad, inclusive emphasis on all types of families, including individuals who are not related by blood or marriage, versus a narrower focus on families with children. The tensions inherent in the alternative views of local government responsibilities and commitments prompted animated exchange among City staff and policymakers and required genuine deliberation about the ramifications of the inclusive definition.

The extensive nature of *Opportunities for Action* also provoked debate about the fiscal implications of implementation. There is a strong desire within the City to do the "right thing," to move in directions which support Mayor Rice's goals, and to be on the cutting edge of local government policy and operations. But making family support tangible carries a price tag, particularly for those strategies which involve the City as an employer. Budget realities require careful consideration of how to proceed, where to start, and how to set priorities among the many initiatives.

The full implications of *Family Support Opportunities For Action* for the City of Seattle are yet to be seen. The document is viewed as a working tool that sets a positive direction and complements other policies and efforts already underway to serve the community. It gives the City a way to acknowledge what is being done now as well as what could be done. Policymakers recognize the potential for change that the document could inspire. There is encouragement to pursue the direction set by *Opportunities For Action*, acting across departments to carry out current efforts more collaboratively and to explore ways to initiate new strategies over time. There is recognition that in times of budget constraints, sharing a more unified vision and some common goals for families will help target efforts more appropriately.

The City is examining the next steps to be taken with *Opportunities for Action*. There is consensus that the broad definition acknowledges the importance of choice, supports diversity, and emphasizes the role that families and social groupings play in providing support to their members. There is agreement about the use and promotion of the broad definition and efforts will be made to raise the level of awareness regarding this definition within City departments. There will be further work done to determine how best to apply the approaches suggested in *Opportunities For Action* in concert with other City priorities. There will be work done to review current efforts and identify potential conflicts with a family-supportive approach. The Family Support Team will continue to discuss how to integrate the goals, values, and strategies into City operations and develop and coordinate new initiatives in the future.

Seattle's *Family Support Opportunities For Action* represents one city's attempt to focus its energy on families—to explore creative approaches to family support and find ways to improve the quality of life for families. Although final results are still uncertain, it is clear that the work of the Family Support Team has stimulated thought and debate about the importance of families and how city government actions affect their well-being in Seattle. □

Dawn Hanson Smart is Senior Planner in the City of Seattle's Human Services Strategic Planning Office and worked with more than twenty-five other city staff to develop the Family Support Opportunities For Action. *Copies of the working document can be obtained by writing or calling: City of Seattle, Human Services Strategic Planning Office, 618 2nd Avenue, Room 1350, Seattle, WA 98104; 206/684-8057. HSSPO is an organizational member of the Family Resource Coalition.*

■ by Susan Taylor-Brown

AIDS: The Reality in All Our Lives

The media portrays Human Immunodeficiency Virus, HIV, as a disease of "others"—homosexuals, intravenous drug users, the poor, and ethnic/cultural minorities. By separating those who are infected from the rest of society, many people feel they are not at risk. But the virus does not discriminate; it seeks to infect anyone. It looks for an available host regardless of sex, social class, or ethnicity. One need only look at the increasing heterosexual infection rate to realize how misleading earlier reports were that stated heterosexuals were not in danger.

AIDS—Acquired Immunodeficiency Syndrome—is the end stage of the virus. It is currently a disease without a cure, making pandemic progress throughout the world, affecting more and more individuals and impairing the ability of families to function normally. Already, more than one million people in the United States alone are infected. No one group is a group at risk; it is sexual or drug use behaviors that expose the majority to infection. Ignorance and misleading information prevent people from taking precautions and staying safe. Prevention is the only tool we have to stop the spread of HIV.

The family support movement and its programs are ideally suited to effectively educate families about the disease and encourage a compassionate response to those who need nurturing as they cope with affected family members combating HIV infection.

This article describes HIV disease, ways to prevent transmission of the virus, the psychosocial issues confronting families, and how family resource programs can be a factor in the prevention/support efforts.

Facts about HIV

The AIDS pandemic is embedded in fear and misunderstanding. Too many families are coping with this illness in shame, isolation, and silence because they fear friends and neighbors will not support them. Can you imagine caring for a loved one without support? Or, not being able to tell others how or of what a loved one died?

Education is the key to reducing people's fear. Facts replace fear with understanding and concern. As people learn more about the illness, the more effective they can be in caring for an infected person.

- First, there are key terms related to HIV:

AIDS: the end stage of HIV disease (in which the body's ability to fight infection breaks down)

AFRAIDS: the acquired fear of AIDS, referring to the irrational response to and stigma of AIDS

HIV+: the individual has been exposed to HIV and may or may not be sick

HIV disease: although AIDS is the more commonly used term, HIV represents the full spectrum of the illness from diagnosis to end-stage illness, AIDS

ELISA/Western Blot Tests: blood tests that screen for HIV antibodies in the blood stream; these tests are often called the "AIDS test"

- Specifically, people need to know that HIV is most commonly transmitted by:
  - sex with an infected person
  - needles and/or syringes used by an infected person
  - pregnancy, birth, or breastfeeding if the mother is infected
  - transfusions of infected blood, blood products, or organ transplants (before 1985).

Equally important, people need to be aware that the virus is *not* spread by mosquitos, eating food prepared by someone who is HIV+, or any other form of casual contact. Remember, for all the people who have cared for an HIV-infected family member, no one has contracted the virus.

Today, there is hope for those who are HIV-infected. Early diagnosis and treatment of the infection leads to improved survival. Care is shifting from a terminal illness model to a chronic illness model. As people survive longer, their needs change. For example, more infected children will survive until school age. Since HIV disease is one of the leading causes of developmental disabilities among children, many will need specialized services.

Families need information—presented in clearly stated, ethnically sensitive ways—about preventing the spread of HIV and help in changing at-risk behaviors. Adolescents, who are a reservoir for the virus, need to learn about how to stay safe—including safer sex practices (including abstinence), clean needle use, and the role of alcohol and drugs. For example, many adolescents do not identify themselves as homosexuals even though they engage in same-sex activity. Because this pandemic involves two societal taboos—sex and drugs—we need to work together toward talking more openly about these behaviors. The consequence of not doing so means losing more of our youth to HIV.

Family support programs can play a key role in helping families learn this vital information which can be integrated into many existing programs. Additionally, HIV-affected families need to know that family resource programs will help them fight the proliferation of this terrible virus, support them as they care for their loved ones, and help to decrease their isolation.

The Lives of HIV-Affected Women

I co-facilitate two support groups for women from HIV-affected families: an HIV+ Women's Group and a Three Generational Group consisting of women who are taking care of HIV-infected family members. These groups are offered at the Community Health Network, a community-based AIDS care facility.

HIV+ Women's Group: This psychoeducational group for women living with the virus lets them share their concerns and enhance their coping skills. A dominant theme is the sense of isolation and shame. Many have not told their families or friends because they worry about rejection, and feel shame—factors that limit their ability to cope. Within the group, however, women are able to share their experiences, problem-solve concerns, and plan for the future, thriving on the mutual support and encouragement. The strength of these women is admirable. A recent study found that all group members felt they were either stronger or much stronger since the diagnosis of their infection.

Women who are able to disclose their situation, and do receive support, find it empowering. Throughout the course of the illness, various support services help family members care for each other and preserve the family unit. When dealing with an acute opportunistic infection, for instance, the infected women need support in maintaining their families and children may need special attention while their mothers obtain medical care.

The women's group felt that *their* mothers, who are frequently the primary source of support, could benefit from a similar outlet for their experiences as caretakers. A *Three Generational Support Group* evolved which has grown to include grandmothers, mothers, wives, sisters, and significant others who are caretaking an infected family member. Describing feelings of being cut off from their communities, many have not been able to share the burden of the diagnosis even with close family members. As a result, these caretakers feel weighted down by the responsibility and ambivalence of disclosure. Typically, when the diagnosis is disclosed, reactions include: "Why didn't you tell me earlier?" or "I can't believe it," which is frequently coupled with an inability to support the family.

One of the most difficult tasks for caretakers is shifting from aggressive medical care to palliative care when death is imminent. This transition is a major challenge for families and providers alike, and at these times the group is particularly helpful. Some of the women have lost their infected family members; for others, their relatives are newly diagnosed. The group offers each woman a chance to see the full range of the illness and its demands; by sharing their coping skills and reaching out to each other, the women gain strength and grow from the experience.

For many, the group is the only place they can talk openly about the impact of HIV on their lives, even sharing humorous incidents without embarrassment. Laughter helps the women release some of the emotional intensity they're experiencing and they learn to use humor as a vital source of energy and solace.

How Family Resource Programs Can Be Helpful in Serving HIV-Affected Families

- Develop an HIV policy: implement it before a case arises.
- Provide HIV-training: All staff members need ongoing HIV education. Unless people understand AIDS and AFRAIDS, they will avoid dealing with the problem.
- Serve as a prevention center: Provide HIV brochures and programs for participating families. AIDS education should be a part of all parenting series; AIDS-related posters and artwork can be a good stimulus for AIDS discussions. AIDS will only be stopped when people have accurate information; parents of adolescents are an ideal target group for education.
- Provide a compassionate response: HIV-affected families need help in coping with this life-threatening illness. Each program can develop community outreach efforts that will help families feel supported.
- Encourage people to talk about their fears: AIDS is highly stigmatized. Opening and honestly exploring the issues will help staff support affected families.
- Be a community leader: Help other agencies and organizations fight this pandemic by openly addressing the issues.

Common Questions That Arise in Developing A Program

Where do I get accurate HIV information for our program? Contact your local health department, AIDS Task Force, or State Hotline. These agencies will let you know who is providing AIDS education locally.

AIDS isn't a concern for our program; how do I get people involved? AIDS is affecting our total society. It is not a disease of others, it is affecting us all. First, educate your staff and participants about the importance of spreading the facts about HIV. Then, join the fight against AIDS. Each of us can affect the course of the pandemic.

Will other families leave our program if we serve HIV-affected families? Your participants have the same need for HIV disease education as your staff. An ongoing educational program will help families and staff alike answer their questions. The more people understand how HIV is spread, the less likely they are to reject HIV-affected families.

Conclusion

AIDS is a reality in all our lives. This article calls for family resource programs to take a leadership role in combating the disease. By responding compassionately, each one of us can improve the environment for HIV-affected families and each of us can be significantly enriched by the experience. □

Resources

NATIONAL AIDS HOTLINE
24 hours, 7 days a week 1-800/342-AIDS or 1-800/344-SIDA (for Spanish-speaking callers).
ASSOCIATION FOR THE CARE OF CHILDREN IN HOSPITALS—developed Pediatric AIDS film and publishes other material. 7910 Woodmont Ave., Suite 300 Bethesda, MD 20814
NATIONAL AIDS INFORMATION CLEARINGHOUSE P.O. Box 6003, Department HIC Rockville, MD 20850 1-800/458-5231

Books/Articles

ANDERSON, G. (1990). *Courage to Care: Responding to the Crisis of Children.* Washington, DC: Child Welfare League of America. $24.95.

CROCKER, A. and COHEN, H. (1988). *Guidelines on Developmental Services for Children and Adults with HIV Infection.* Silver Spring, MD.: American Association of University Affiliated Programs for Persons with Developmental Disabilities.

FASSLER, D. and McQUEEN, K. (1990). *What's a Virus Anyway? The Kids' Book about AIDS.* Burlington, VT: Waterfront Books.

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HEIN, K. and DiGERONIMO, T. (1989). *Trading Fear for Facts: A Guide for Young People.* Mount Vernon, NY: Consumers Union. $3.95. To order: 51 E. 42nd St., New York, NY 10017.

McGONIGEL, M. (1989). *Family Meeting on Pediatric AIDS.* Washington, DC: Association for the Care of Children's Health.

My Friend and AIDS (1989). Parker, CO: A Way with Words. 303/220-7060. For children to understand AIDS.

Dr. Susan Taylor-Brown is an Assistant Professor of Social Work at Syracuse University. She specializes in the impact of HIV on women and children and is happy to answer questions on the subject. Dr. Taylor-Brown is a member of the Family Resource Coalition.

Contact her at: 110 Brockway Hall, Syracuse University, Syracuse, NY 13244 716/248-0268.

The Volunteer Payoff: Getting as Well as Giving

by Jamy Black McCole

Social service organizations throughout the country are struggling with a difficult challenge: community and family needs are increasing as funding sources appear to be decreasing.

In Tarrant County, Texas, the 16-year old Parenting Guidance Center (PGC) provides comprehensive counseling and education services to more than 27,000 individuals each year. Trained volunteers are the key workforce factor that enable us to deliver programs in an environment of tight money and a growing complexity of needs.

PGC's mission is to prevent child abuse and neglect by promoting better parenting skills in a long-range strategy that significantly impacts social problems and enhances the quality of life for parents and children. In 1990, volunteers delivered direct services to 14,633 clients through three programs:

- Parent Partners, a support system in which volunteers work one-on-one with abusive parents
- PEPS, a week-long parenting education curriculum for secondary school students
- CEV, community level workshops and classes on positive parenting techniques

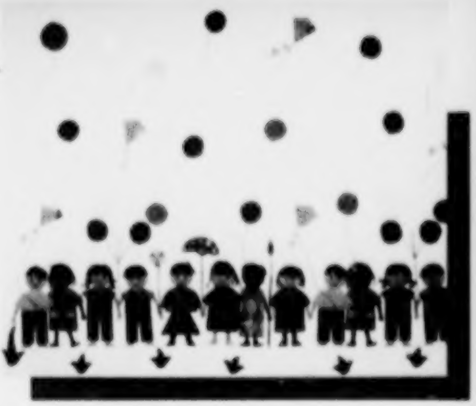
PGC recruits its volunteers three times each year through the use of local newspaper ads and proposals to volunteer and community organizations that require their members to perform volunteer services. Applicants interview individually with the director of volunteers, and job descriptions and responsibilities for each program are reviewed. Individuals drop out at this point if they cannot handle the responsibility required, or they may decide or be guided to volunteer in support services rather than direct service.

After recruitment, volunteers attend their choice of morning or evening general orientation and training taught by PGC clinical and education staff. The nine-hour training first reviews PGC's mission, goals, program descriptions, and organizational chart. Sessions also review the value of volunteering, the issues of child abuse and neglect, the Texas Family Code, child development, and communication skills. Next, volunteers attend an additional nine hours of specialized training for the program with which they've decided to work.

The Parent Partner program carefully matches a volunteer with a parent under stress; the relationship focuses on parents and *their* needs during a time when most services and attention received by the family are child-focused. The partner spends quantity as well as quality time with the parent, giving encouragement, emotional support, information about parenting, and referrals to other community resources. A partner may help a parent apply for food stamps, obtain dental care for a child, or learn to relax and play with the child. Individuals training to be Parent Partners cover the dynamics of abusive and neglectful parents, reflective listening, and skills for problem-solving conversations.

Volunteers with the Parenting Education Program in Schools (PEPS) teach a series of five sessions about the responsibilities of being a parent, definitions of abuse and how to report it, and positive family communication. Using videotapes and straight talk, PEPS volunteers go to all health classes in three school districts in Tarrant County, reaching 9,000 students each year. PEPS training includes classroom management, effective presentation, a detailed review of PEPS curriculum, and classroom observation.

Community Education Volunteers (CEVs) teach positive parenting techniques through workshops and classes at the Parenting Guidance Center and other community organizations. Topics for parents of children from birth to 18 years of age include baby basics and child development, positive techniques for discipline, communication, and building a child's self-esteem. Other courses cover special situations such as single parenting, stepparenting, and adoptive parenting. CEV training teaches techniques of group management and skills for public speaking. During the training, CEVs determine their favorite parenting topics and presentation style and attend specific courses before teaching them. Course outlines provide guidance but allow a volunteer many choices in organizing curriculum materials.



Getting and Giving

Several factors ensure the success of volunteers in direct service: the first is recognizing the best spot for utilizing the volunteer. Next, program design allows for individual preference and varied delivery. And third, each program that incorporates volunteers is staffed by a program/volunteer coordinator who schedules the volunteers, is easily accessible, and talks regularly with the volunteer to receive input on that individual's progress and provide guidance or support. The coordinator also provides direct program services in the same capacity as the volunteer and thus knows firsthand what is involved in doing the job. A newsletter and in-service training are provided quarterly. Additionally, specific continuing education for each program area is provided.

Is the effort worth it? You bet it is! Rewards abound for the volunteer and the agency. Sally Hopper, a long-time volunteer points out, "As volunteers we get back as much as we give. It's very satisfying and meaningful to be involved in the cause of reducing child abuse and to help make a difference in another parent's life. When one does this work, you find out how much you're valued by PGC and the people you help, and the training we receive can be used in many other situations in our own lives—both professionally and personally."

Some volunteers are considering career changes, completing field placements as students, or fulfilling required service as a member of an organization such as the Junior League. Volunteers also become stronger advocates for prevention of child abuse, promote positive public relations for the agency, and bring new ideas to share.

More people—more ideas—reaching more parents! ☐

Jamy Black McCole is Director of Education at Parenting Guidance Center. Contact her at: 2928 W. Fifth St., Fort Worth, TX 76107 817/332-6348. Parenting Guidance Center is a member of the Family Resource Coalition.

by Peg Brokaw and Linda Fries

Grandparents Parenting Grandchildren

Each Friday evening, Jane participates in a support group at a local youth and family center while her husband George sits with their grandchildren. She wonders out loud how she could make it without this group of other grandparents who parent their grandchildren. Jane and her husband are part of a growing number of older parents who are now raising their children's children.

Jessie was awarded legal custody of her two-year old granddaughter who was abandoned by her drug addicted father. Sixteen-year old Steve lives with his grandparents because his single, working mother was unable to control his aggressive behaviors. Mrs. Jones provides childcare for three of her grandchildren while their parents work. Sandra has informal custody of two preschool-age grandchildren while their mother receives services to help her leave an abusive relationship. Mr. and Mrs. Barns's daughter and two children live with them following their daughter's divorce. These grandparents find themselves changing diapers, packing lunches, or going to parent conferences during "the golden years of retirement."

The Problem

Unfortunately, these case histories are becoming more common. According to the U.S. Bureau of the Census, 3 million children (5 percent of all American children under the age of 18) live in their grandparents' homes; 30 percent of those 3 million children have no parent living with them. Two-thirds of mothers with children under 18 and over 50 percent of mothers with children under 6 are employed away from the home; the Children's Defense Fund states that 46 percent of childcare is provided by relatives. In all probability it is grandparents who provide much of that childcare.

The era of the nuclear family has come to a close. The increase in divorce, single-parent families, female-headed families, two career families, poverty, and drug and alcohol addiction have forced dramatic changes in the childrearing patterns of America's families. Across the nation families reach out to grandparents for assistance. Grandparents are more available to help due to increased longevity and the improvement in the health of these aging Americans. Whether it be through legal procedures or informal arrangements, grandparents are more and more becoming a bridge between generations where parents have become unavailable to parent their children.

The Need

Many childrearing practices have changed since these grandparents raised their own children, and current standards and methods continue to do so. Medical information about childhood diseases, inoculations, safety, and home nursing procedures are different now, and grandparents may need assistance in educating themselves about those changes. Accessability to programs of support is a major issue for all parents, and especially for grandparent "parents" who may also experience feelings of frustration, guilt, and isolation with their new roles of raising grandchildren. What did they do wrong in raising their own children that those children are unable to raise their children? Counseling and support services to help with these feelings are needed.

Just as parents do, grandparents have their own developmental needs which will require various services depending on the age and life stage of the grandparent. Employment and budget services, pre-retirement education, recreational activities, and interaction with peers are examples of developmental services that may be useful to a grandparent raising grandchildren.

Legal services are essential for those who have formal or informal custody of their grandchildren. Grandparents need answers to questions like: How can medical insurance be provided? Are grandparents eligible for public assistance programs? What visitation rights must parents have? What rights do grandparents have?

Here and there are groups that provide piecemeal services to grandparents who are raising their grandchildren. Some of them help with legal concerns, mental health counseling, or offer support groups. Others have traditionally worked with "bridged" families without identifying them as a special population. However, there don't seem to be organizations/agencies that have developed comprehensive programs to meet the diverse needs of these grandparent "parents."

Recommendations

Family resource centers are in position to invite these "bridged" families into their existing programs, to provide services directly or give access to services. A family resource center that plans to design a comprehensive program for grandparent "parents" should consider offering the following components or finding them within the community:

- classes or media presentations on current, appropriate child development stages/ages and parenting skills
- classes or media presentations on nutrition and home health hints
- child/"parent" programs which link the grandparent to other parents with similar aged children
- support groups which link grandparents with their peers who are also "parenting" again
- counseling, both for the person the grandparent is and for the "new parent" the grandparent has become
- classes or workshops for personal growth and development
- availability of legal counseling and services
- times and places for the above which coordinate with most family schedules and with local transportation

Family resource centers have been successfully providing support to many types of American families. "Bridged" families are another variation which should now be included in family resource center programs. ☐

For specific information, contact: Linda Fries or Peg Brokaw, PARENT RESOURCES, Inc., PO Box 12531, Tucson AZ 85732-2531. Both are members of the Board of Directors; Parent Resources, Inc. is a member of the Family Resource Coalition.

■ by Melinda Tarbox-Reitman

Supporting What Works

Project SEEK, standing for Success with Early Education before Kindergarten, is Rockford, Illinois's (District 205) state-funded prekindergarten program for 3- and 4-year olds. Its students are identified as being at risk of failing in school through an outreach educational screening process conducted at locations throughout the city.

There are more than 26,000 functionally illiterate adults, 18 years of age and older, residing in the greater Rockford metropolitan area, and many of these adults are the parents of children served by Project SEEK. The initial demographic search for SEEK students establishes the program as a community-wide endeavor by arranging for the screenings in comfortable, non-threatening environments that at-risk families have come to trust—community and daycare centers, branch libraries, elementary schools, and often a neighborhood fire station. And so it begins, our children are identified and assigned to classrooms, transported if necessary, and given what we believe to be the very finest first educational experience.

The SEEK program has grown in five years from serving 86 children to serving 750 children and their families, with a waiting list of 200 children. The staff consists of 25 teaching teams operating at 11 sites scattered across Rockford in 25 classrooms. In addition, SEEK also includes 9 home-based teachers, 4 family community outreach workers, a screening coordinator, a curriculum coordinator, a toy-lending librarian, and a nurse. We are 70 individuals philosophically committed to the positive impact that the High/Scope curriculum can have on all children, but most particularly on those at risk.

Project SEEK is committed to the belief that child change without family change is ineffective. Therefore, parent education and involvement are major components of the program and begin with the same complex method of assessment used in programming for children. Along with family assessment and development, SEEK'S family community outreach workers facilitate weekly parent support groups which deal with information surrounding parenting and child development issues and also address literacy, employment, economic, and health issues as well as family, social, and emotional concerns.

Parents involved in these support groups become certified in Active Parenting, a curriculum designed by Michael Popkin, Ph.D., and those who attend are awarded coupons with which they can purchase clothing, books, and toys from the SEEK boutique where the inventory has been donated by the community at large.

What makes Project SEEK unique is the interagency cooperation it receives throughout the community. Each staff member has a hand in educating Rockford about SEEK and each one brings a personal networking system to the program that is extremely helpful in achieving community joint efforts. A collaboration with Head Start, for example, has flourished since the Project's inception and has provided encouragement, support, and information to SEEK staff. The success of this linkage was recognized early in the relationship by the presentation of the Human Resources/Head Start Public Service Award to Rockford District 205 for commitment to low-income children demonstrated by the work of Project SEEK.

SEEK has instituted an aggressive effort to cooperate and collaborate with other childcare providers who are concerned with the education, welfare, health, and safety needs of young children. Responding to the concerns of a local NAEYC affiliate, a committee entitled HIDE (Helping Individuals Develop Exceptionally) and SEEK was formed in 1986 to establish a dialogue between the public schools and the community's daycare centers.

The Family Abuse Consultation Team (FACT) is another example of cooperation in which a group of professionals volunteer to periodically devote lunch hour sessions to brainstorming alternatives for particularly difficult cases presented to them by the Illinois Department of Children and Family Services. The FACT team brings this multidisciplinary, multiagency team of professionals together to examine all possible resources for intervening with seemingly irremediable problems in families. Project SEEK's coordinator has been involved with FACT since its inception.

Linkages with community agencies is a Project SEEK goal which has been realized through subcontracts with the agencies that provide comprehensive services to children and families: the Department of Human Resources; the City of Rockford; Orten Keyes and the Rockford daycare centers; and the Family Learning Network which includes the Rockford library's literacy support program, the optional education and truancy initiatives, the adult and alternative education program and attendance initiative programs within the school district, and the Department of Children and Family Services' Project Chance and Title XX daycare.

Like all communities we are flawed; we have been criticized as not prioritizing education. Those of us who believe that education is the hope of the future see Project SEEK as the hope of the Rockford public schools. The real reason I believe Project SEEK receives unconditional support from the community is, it's easy to support what works. High/Scope curriculum works, teachers making home visits works. Family assessment and development works. Active Parenting works. Operating out of a positive bias works. Building self-esteem works, and without self-esteem all learning is lost. ☐

Melinda Tarbox-Reitman, Master Adoptive Parent for the Illinois Department of Children and Family Services, Rockford region, currently serves as Family Community Outreach Worker for Project SEEK. She is a strong advocate of licensing all parents and empowering rather than enabling families, most particularly those at risk. She lives in Rockford with her family and can be contacted at 1620 Huffman Blvd., Rockford, IL 61103 815/964-0942. Melinda is a member of the Family Resource Coalition.

by Martha Burchell

Operation Desert Storm and Desert Shield: Families Coping with the Realities of War

The mission of the Honolulu Armed Services YMCA is to assist the junior enlisted community through programs, services, education, and emotional support. On September 17, 1990, shortly after the first deployment of some 8,000 Marines from Kaneohe Marine Corps Air Station, the Armed Services YMCA initiated Operation Rainbow, a series of existing and new programs providing special help to the Hawaii-based families of deployed military personnel.

The average age of the single soldier, sailor, or airman using Armed Services YMCA facilities is 18 years old. Those with families are in the 18-22 year-old range. Many of these young people, who had signed up for military service in peacetime, were not even born when the Viet Nam conflict took place. The single enlisted military personnel of today's troops, and the families in particular, were ill-equipped to cope with the reality of separation and war.

The first impact of Desert Shield and later Desert Storm was felt at Kaneohe Marine Corps Air Station. All programs and activities were quickly evaluated in order to meet the immediate needs of families involved in the Middle East War. All swap meets, excursions, and craft classes were suspended, and focus was given to support groups and individual problem solving. The Waiting Wives support groups were expanded (programs for young women faced with the stress of separation from home, family, and spouse), and a new Pregnant Waiting Wives group was developed.

Special attention was given to more than 109 pregnant women at Kaneohe who would deliver babies during their husband's deployment. Emphasis was placed on lending strong emotional support to these women and even providing substitute lamaze coaches at time of delivery. Of particular help at this time was the Welcome Baby Program, an existing home visitation service designed to educate young mothers-to-be on the importance of good nutrition and prenatal and infant care.

As the deployment expanded throughout Oahu, the effects were felt at other installations. At Aliamanu Military Reservation, for example, where assistance is offered to military personnel from all branches of service, clients not only requested more Waiting Wives groups, but also asked for a support group that would include children. These youngsters needed the added security of participating with others who were experiencing similar feelings of stress related to family upheaval.

Additionally, the Armed Services YMCA provided excellent children's programs such as Play Morning and 3 Plus 4. The Play Morning mobile unit goes into the military neighborhoods offering recreational and educational programs. The 3 Plus 4 Program serves as an introduction to the preschool environment in which a child learns to interact with other children as well as acquire basic skills. The demand for these classes at all Armed Services YMCA outreach branches increased immediately because the parents' focus was directed to maintaining family stability during separation.

Childcare became a serious issue as one or both parents were deployed. The military stepped up to this problem with an organized plan for care, and the armed services YMCA helped with networking for caregivers and by supporting the parents' emotional needs.

Throughout the Armed Services YMCA network, the Welcome Baby Program was given top priority and modifications were made to meet individual needs. In some cases, the home visitors extended the visitations until the new mother was secure in caring for her infant as a single parent. In compiling client statistics, it was found that more than half the women in the program were foreign-born spouses. Many had limited English language skills, were adjusting to life in a new country, and were very dependent on their partners for transportation, communication, and support. The Home Visitor, therefore, served as an extended family member and led many of these women to the Armed Services YMCA English as a Second Language class. Some of these women were later able to obtain a driver's license and become more self-sufficient.

Finances, always an issue for the younger families in Hawaii, became a more serious concern when a spouse was deployed. The cost of long-distance telephone calls to and from Saudi Arabia posed a real problem. Fortunately, help was made available through a fund created by the community.

During Operation Desert Shield, the numbers of young sailors visiting the Pearl Harbor Singles Drop-in center and Sand Island Coast Guard Base increased. These young people were seeking a safe, home-like setting where they could find the support and friendship of other Navy personnel. The centers extended their hours of operation and offered a wholesome, alcohol-free environment where they could relax, participate in recreational activities, watch television, or just read a book.

The exceptional support of the Oahu community—including individuals, corporations, military-related organizations, and the military command itself—was instrumental in helping to carry out the Armed Services YMCA's mission. Although recreation programs have been restored at the outreach branches, Operation Rainbow does not end with peace in the Middle East. It must be noted that some Oahu troops are still deployed, and the Armed Services YMCA continues to lend a hand to the families who are coping with the hardship of separation and in need of a strong support network. ☐

Armed
Services
YMCA

Martha Burchell is Executive Director of the Honolulu Armed Services YMCA, currently administering outreach facilities at six locations. Her education in recreation administration and psychology has been preparation for a 20-year career in management of family services. In the 1970s she began a network of YMCA field stations around Oahu, and started educational, recreational, and support group programs for families of young married enlisted personnel. In 1986, Martha became the only woman Executive Director of a major Armed Services YMCA facility in the United States.

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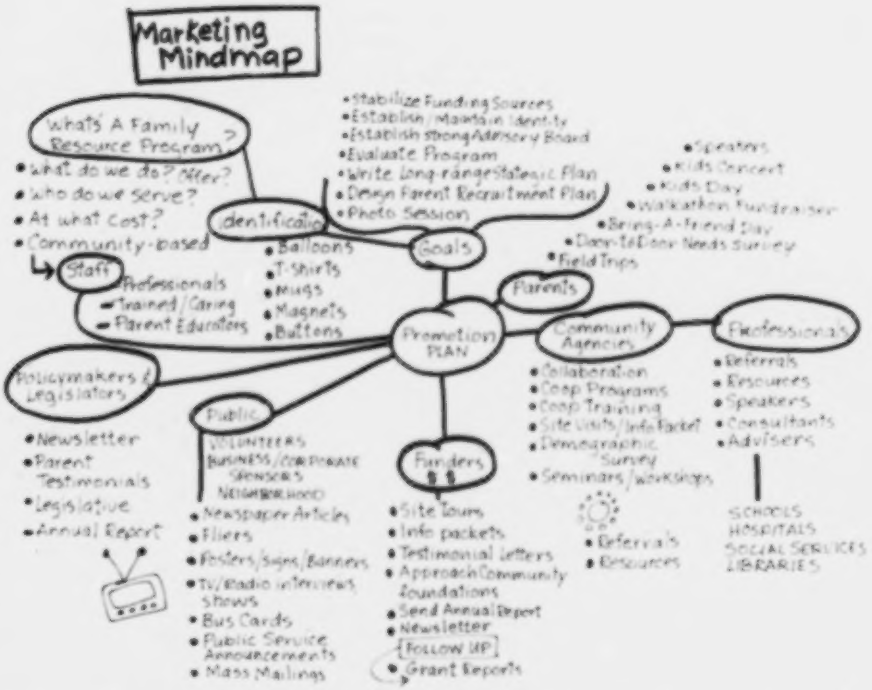
by Elizabeth J. Sandell

Attracting Participants and Money:
A 10-Step Marketing Plan for Family Resource Programs


Marketing Mindmap
What's A Family Resource Program?
• What do we do? Offer?
• Who do we serve?
• At what cost?
• Community-based
Staff
Professionals
– Trained / Caring
– Parent Educators
Identification
• Balloons
• T-Shirts
• Mugs
• Magnets
• Buttons
• Stabilize Funding Sources
• Establish / Maintain Identity
• Establish strong Advisory Board
• Evaluate Program
• Write long-range Strategic Plan
• Design Parent Recruitment Plan
• Photo Session
Goals
• Speakers
• Kids Concert
• Kids Day
• Walkathon Fundraiser
• Bring-A-Friend Day
• Door-to-Door Needs Survey
• Field Trips
Parents
Promotion PLAN
Community Agencies
• Collaboration
• Coop Programs
• Coop Training
• Site Visits / Info Packet
• Demographic Survey
• Seminars / Workshops
• Referrals
• Resources
Professionals
• Referrals
• Resources
• Speakers
• Consultants
• Advisers
SCHOOLS
HOSPITALS
SOCIAL SERVICES
LIBRARIES
Policymakers & Legislators
• Newsletter
• Parent Testimonials
• Legislative
• Annual Report
Public
VOLUNTEERS
BUSINESS / CORPORATE SPONSORS
NEIGHBORHOOD
• Newspaper Articles
• Fliers
• Posters / Signs / Banners
• TV / Radio interviews shows
• Bus Cards
• Public Service Announcements
• Mass Mailings
Funders
$$
• Site Tours
• Info packets
• Testimonial letters
• Approach Community Foundations
• Send Annual Report
• Newsletter
FOLLOW UP
• Grant Reports

Marketing and promotion happen all the time: through your center's letterhead and business cards, when the receptionist greets visitors or puts callers on hold, by the layout of your space, and the style of your landscaping. Marketing is "a process that helps you exchange something of value for something else" (Stern), a process that clarifies the perceptions, attitudes, ideas, beliefs, and feelings that others have about your agency.

On the other hand, promotion is the series of actions you take to get people to respond to the marketing. Promotion is "the never-ending effort to get information about your program to the markets you seek to inform or to attract" (Sandell). A promotional plan translates vision into reality and improves services. This article outlines an intentional marketing process for family resource programs.

Step 1: Define Your Mission in One or Two Sentences

Specify who you are, with whom you work, how you want to be viewed. After years of service, a mission may require refinement. Include the staff, participants, volunteers, board members, neighborhood and agency staff representatives in drafting this important statement.

The term "family resource program" may be ambiguous. Do you provide money? Or food? Or referral and support? In general, the St. Paul Schools Early Childhood Family Education (ECFE) provides parent education because parents are their children's first and most important teachers. A variation on this ECFE mission statement is posted at the entrance of each neighborhood site.

Step 2: Define Your Product in One or Two Sentences

Describe what you do, where you do this, who you serve, and what the services cost. The product should match the mission and the needs of the community. Consider what makes your service unique among the choices your clients face.

For example, ECFE is public school-sponsored, neighborhood-based, and universally available. ECFE helps any parent of a child, from birth to enrollment in kindergarten, to develop practical and developmentally appropriate parenting skills through group discussion and parent-child interaction. As one parent put it, ECFE explores "the instructions that don't come with children." ECFE developed neighborhood programs to provide support and referral in attractive and accessible settings (e.g., storefronts, daycare centers, and schools), but the form of a product can change over time. In recent years, for instance, the arrival of thousands of Southeast Asian refugees in Minnesota meant that the format of some parent education evolved from discussion groups to family literacy programming.

Step 3: Develop Your Slogan in a Few Words

Brainstorm words to describe the core of your program. What makes your services meaningful and memorable? The "boilerplate" statement or slogan that results should appear on all printed material. Some ECFE programs use: "Come for your child; stay for yourself." Others emphasize that they are "providing information and support."

Step 4: Describe Your Target Markets

These are the audiences for your marketing plan: participants, professionals, policymakers, and the general public. Consider their numbers, demographic and social characteristics, zip codes, and values. How do your clients make their decisions? Do they want to be better parents? Do they want to get out of the house? Think about what your program will cost your target markets. Will income-eligibility guidelines cost clients in positive self-esteem? Are other organizations willing to collaborate if past experience has shown that their staff members "jump ship" and join your agency? Will policymakers redirect limited funds from other programming to support your services? What will convince them to act?

Step 5: Define Your Marketing Goals

These may include action goals as well as image goals, with a balance between current needs and long-range values.

Action goals for ECFE would include:

a. Receive at least ten referrals each week

b. Stabilize funding within two years

c. Attract 50 people to the grand opening

Image goals would include:

a. Establish (or maintain) our identity in the community

b. Remind the public that we are a universally available program, rather than an income-targeted program

c. Show that our participant demographics reflect the population demographics

Step 6: Brainstorm Possible Marketing Activities

Develop a marketing task force or steering committee to generate ideas. Ask others about what attracts and informs them: "How did you hear about us? What prompted you to try our services?" ECFE used mindmaps to generate and organize our brainstorming. (Several ideas, with a mindmap, are included with this article; doubtless, you will think of many more.)

Step 7: Match Your Marketing Activities to Your Audiences and to Your Budget

a. Each audience or target market has special circumstances and sensitivities. It seems obvious, yet should be emphasized, that with print promotion, the photographs and language must reflect the cultural background of the potential clients. Often transportation, childcare, and substantial snacks are essential to remove barriers to participation for many families.

A List of Marketing and Promotion Ideas for Family Resource Programs

- Train volunteers for home visits
- Join professional networks
- Set up tours of the program site
- Support and recognize volunteers
- Create program calendars with children's art
- Write a series of articles for minority media
- Create program letterhead and business cards
- Make presentations to prenatal classes
- Use specialty advertising: T-shirts, magnets, bookbags, mugs
- Use resource listings and the phone book
- Visit well-baby clinics and food banks
- Use a van labeled with your program's information
- Sponsor family concerts and field trips
- Improve your program's space environment

Ideas for a Marketing Action Plan

- Maintain the mailing list and update it each May
- Write flyers for classes and produce them each quarter
- Create informational packages for site visitors and legislators
- Produce articles for local newspapers
- Make door-to-door visits each quarter
- Produce monthly calendars of drop-in family activities with many simple graphics
- Invite legislators and Board members to visit

b. Some promotional efforts will reach certain clients more effectively. For example, teen parents often maintain more consistent attendance when incentives are provided, such as T-shirts, children's books or toys, or field trips.

c. Consider the shelf life of an item. A card with space for emergency telephone numbers (and, not incidentally, your program's name and phone number) may stay attached to the refrigerator longer if it includes children's artwork. Parent-child activity cards can function as business cards.

d. Try to provide programming that doubles as outreach. For example, a family library storyhour or a newspaper column informs and involves parents, as well as promotes your services.

Step 8: Create Your Marketing Activity Plan

This is the fun part! Decide who will do what, when they will do it, and what resources they will use. The plan should be reasonable, attainable, measurable, and flexible. (Several components of a marketing plan are illustrated with this article.)

Step 9: Implement Your Marketing Activity Plan

More fun! Deliver your services as promised while you follow through on the marketing plan. Make changes and adaptations as needed. Repeat the promotional activities consistently and often for maximum effect. Publicize your progress with others.

Step 10: Evaluate Your Marketing Effectiveness

Monitor your plan and receive feedback:

a. Track inquiries. Use a fictitious name in your publicity. When callers ask for "Kathy" and talk with the real receptionist, Mary, you'll learn that they are responding to your listing on the supermarket bulletin board. Code your flyers with 1 dot for direct mail, 2 dots for home visits, and 3 dots for agency referrals. Ask new participants to tell you how many dots were on their flyer, and you'll know which method brought in which clients.

b. Enlist the help of an anonymous, mystery client to visit your site. When she reports her experience, you can consider how to make your program more user friendly.

c. Determine your use rate—the number of participants divided by your program's capacity. Any gaps will help you focus your marketing efforts.

d. Use client satisfaction and demographic surveys to find out if you are attracting, keeping, and serving the population you intended.

About Mindmaps

Mindmaps use the creative abilities of the left brain in a natural way to problem solve and organize ideas in the brainstorming process. The maps not only expand ideas but help to set tasks and action plans for fundraising, programming, long-range planning, or special events. As we work individually or in small groups, they also help us discover repeat patterns. If you see the same idea emerge often, that is probably a key concept to incorporate into your plan.

To create a mindmap, write and circle a key word in the middle of the paper. Let your mind wander. Each time you think of a new idea, draw a spoke out from the center and write or draw that idea at the end of the line. The mindmap will begin to look like a wheel hub. Then draw smaller spokes, like branches, to show more detailed relationships. Use colored pens to code the associations you find. Draw pictures if they help you visualize ideas.

Finally, in your marketing plan, remember the 3-30-3 principle: You have 3 seconds to get someone's attention, 30 seconds to get their interest, and 3 minutes for them to consider your ideas and decide! Given that reality, an intentional marketing and promotional plan can help family programs focus their efforts more clearly and use their resources most effectively.

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STERN, G J. (1990). *Marketing Workbook for Non-profit Organizations.* St. Paul, MN: Wilder Foundation, p. 4.

Marketing Resources

FAMILY INFORMATION SERVICES
12565 NE Jefferson St., Blaine, MN 55434
612/755-6233

LEARNING RESOURCES NETWORK
1554 Hayes Dr., Manhattan, KS 66502
913/539-5376

- *Marketing Workbook for Non-profit Organizations*
- *Strategic Planning Workbook for Non-profit Organizations*

Wilder Foundation, 919 Lafond Ave.,
St. Paul, MN 55104 612/642-4025

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MAY

IN CHICAGO

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FRC REPORT
Design, JANE R. BROWN
Typography, SKRIPPS & ASSOCIATES
Printing, BOOKLET PUBLISHING CO., INC.

The ***FRC Report*** is published three times a year in the public interest by the Family Resource Coalition, a tax exempt, nonprofit organization. Membership in the Coalition includes a subscription to the ***FRC Report***. Readers are encouraged to copy and share its content; we request you credit the Family Resource Coalition as the original source of information.

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FAMILY RESOURCE COALITION

report

Volume 10, Number 3—1991

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MAY 6–9, 1992 ✻ CHICAGO, IL

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DASA Illinois Department of Alcoholism and Substance Abuse

SPECIAL FOCUS:

Strengthening Youth and Family Resistance to Alcohol and Other Drug Abuse

by Donald G. Unger, Guest Editor

Among the world's industrialized nations, the United States ranks with the highest for alcohol and other drug abuse.[1] Almost one-fifth of young, first-time mothers are using alcohol and/or marijuana during pregnancy, and estimates are that as many as 375,000 infants are born drug-exposed each year.[2,3] One-fourth of America's youth report having used one or more illicit drugs in their lives. More young adults—18 to 25 years old—become heavy drinkers and use crack than any other age group.[4] Youth who abuse drugs are more likely to experience addiction, poor school performance, unprotected sex, disruption in family relationships, job instability, drunk driving, public confinement, and more physical problems than youth not using alcohol and other drugs.[5]

The availability and use of illegal drugs in the United States has created devastating problems for children and families, making it imperative that parents and professionals become actively involved in the prevention of substance abuse.

In order to encourage that involvement, this special focus issue of the *FRC Report* highlights a variety of successful youth, family, and community program models that have been developed to curb substance abuse, lessen risk factors, and strengthen protective and supportive resources for individuals and their communities.

Youth programs. The majority of substance abuse prevention programs have focused primarily upon youth.[6] "Affective enhancement" was one early strategy aimed at improving general intrapersonal and social growth. Other early models included: (a) alternatives programs, providing community activities and remedial skills; and (b) a knowledge or informational approach, increasing youth's knowledge of drugs and the consequences of abuse. Unfortunately, these efforts have had little success in preventing substance abuse behaviors. Research has consistently shown that the affective, alternative, and informational approaches *alone* are not effective in preventing substance use among adolescents.[6]

Recently, two psychosocial approaches have yielded much more promising

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results. The first group of programs places great importance on peer influences, recognizing that peer group membership supports drug use and that drug use initiation is a social decision and social event. Consequently, the curriculum emphasizes resistance/refusal skills and social skills.

The second group of programs views substance abuse as a socially learned behavior involving modeling, reinforcement, and beliefs. Through personal and social skills training, youth learn effective decision-making, anxiety reduction skills, social and interpersonal competence skills, and they develop a healthy sense of self-efficacy and personal responsibility. Peer leaders are often used to help convey the curriculum to other youth. Programs such as the Life Skills Training[7] program, which focuses primary attention on the development of personal and social competencies in early adolescence, have had the most promising published results to date.[8]

Parent and family education programs. Only recently have families been included as an integral part of substance abuse prevention interventions. The most common approach is parent education, often incorporated as a component of a youth, school-based prevention program. The focus is on the parent-child communication, consistency in discipline and types of discipline, praise and reinforcement, positive involvement with youth, poor or inconsistent parental modeling in regard to smoking and alcohol use, and parental monitoring/supervision.[9] Programs use such parenting materials as the *Families InTouch* series and the *Talking with Your Kids About Alcohol* curriculum which are specifically designed to prevent substance abuse (see Resource File).

Some programs involve the whole family in skills training. In Families and Schools Together (described on page 10), for example, parents and their children participate in weekly multi-family meetings followed by monthly meetings for graduate families. The program works cooperatively with local schools and community agencies.

Parent treatment programs. Treatment programs for parents who are users are an important component of prevention services. Substance abusing parents place their children at risk for many problems such as substance abuse, child abuse and neglect, and behavior and developmental disorders. Assisting these parents can prevent relapse and further problems for their children and families. However, as Harvey and Comfort point out (see page 4), treatment services rarely take the patient's needs as a parent and family member into account. As a result, support systems for parents in recovery have been inadequately developed.

Community-based family interventions. Family resource and support models focus on empowering families in the context of their communities.[10, 11] They work with natural support systems such as churches and extended families, local institutions such as schools and community centers, and adapt their approaches to fit with a community's ethnicity/culture.

Family resource programs, which developed out of concern for the welfare of families with young children, are now adapting their services to help families with older children who are at risk for substance abuse. Unfortunately, there has been little research on what types of family resource approaches are most effective in preventing substance abuse. Suggestions for meeting the challenge of conducting useful evaluations and providing this necessary information are discussed in this issue (on page 18) and elsewhere.[12]

To support the work of family resource programs and other prevention efforts, community coalition building is being used to foster a sense of collaboration and responsibility among parents, schools, religious and voluntary organizations, and other community and private institutions (see page 8). Community organizing efforts have worked with private sector human resource departments, partnerships have been developed between schools and community-action groups, programs have been implemented to teach teachers how to intervene in student substance problems, and parents have been directly involved in drug prevention efforts by becoming peer trainers. Still other community-wide programs have used the mass media and public service announcements to educate people about AIDS and drug use behaviors, and the consequences of drug use during pregnancy.

New directions for empowering families. Comprehensive, multi-level, preventive interventions that include school, family, and community components hold the most promise for success. Programs that involve multiple settings can provide young people and their families with consistent messages about substance abuse in many areas of their lives. Comprehensive programs can also focus on drug abuse in the context of other child and family problems, since drug use is typically part of a constellation of problem behaviors. Programs that rely on only one approach to reducing drug use have demonstrated limited effectiveness.[6] Families Matter! (see page 15) is one example of a comprehensive program for youth and their families.

Some of the exciting and important challenges that lie ahead for family resource professionals involved in substance abuse prevention include: (a) designing programs that effectively reach minority, low-income, and ethnic families (several successful models are presented in this issue); (b) identifying components of family resource programs that contribute to the prevention of substance abuse; (c) combining family resource principles and programs with currently existing, narrowly focused youth substance abuse prevention and treatment programs; and (d) developing innovative ways to recruit, involve, and sustain parent participation in substance abuse prevention programs. As shown by the programs in this *FRC Report*, family resource programs are one very important, essential part of the solution for preventing alcohol and other drug abuse.

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■ by Darlind J. Davis

A Systems Approach to the Prevention of Alcohol and Other Drug Problems

When the history of America is written, the twentieth century will no doubt be portrayed as the era of alcohol and other drug problems. In the complex nature of addiction, the most problematic issues surround its impact on America's families. The use of alcohol and other drugs by pregnant and postpartum women poses some of the most far-reaching of all social, medical, psychological, and philosophical issues confronting our nation today. Young children are affected by alcohol and other drugs as never before.

In the 1970s and 1980s, many federal efforts concentrated on the development of new strategies for preventing alcohol and other drug use, and national parent organizations led an aggressive campaign to pass legislation for meaningful action by government. The establishment of the Office for Substance Abuse Prevention (OSAP) within the Department of Health and Human Services in 1986 began a serious, sustained effort to plan effective programs with the promise of countering the dramatic spread of alcohol and other drug abuse among children and families.

OSAP supports the development of new materials and training programs that focus on systems—both in the family and its total environment—through OSAP publications, grant programs, and workshops. Recent research suggests that family influences are the most powerful factors in determining the use or non-using behavior of youth. To promote parental involvement in all programs for children and youth, our mission is to cross the generational boundaries by recruiting not only the young people but the whole family as well. Strengthening the family can be accomplished through direct services as well as improved service systems.

OSAP recognizes that multiple, comprehensive strategies, woven into a strong systems approach, produces the greatest likelihood for success. Using research results from the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Mental Health, OSAP tests out new model programs and provides in-depth information on the target audiences and age groups involved in service demonstration projects. Programs aimed at the family, young children, and community mentors make up components of the systems approach to prevention.

Several exciting programs are in the process of implementation and piloting: ***Parent Training is Prevention*** is a monograph designed to impart skills, knowledge, and activities for parents and significant adults in the lives of children. Ideas on cultural competency, accessing hard to reach parents, and appropriate roles for parents in prevention as well as many resources for further study are provided. Almost 200 pages of expert opinion and practitioner savvy are presented. OSAP is finalizing a videotape to accompany this manual; it can be obtained free of charge from the National Clearinghouse for Alcohol and Drug Information (telephone 1-800-SAY-NO-TO).

> ***"...prevention programs that emphasize the family, lessen the risk factors, recognize the role of culture, focus on all substances including alcohol, and overlay with a community empowerment strategy will be the most successful."***

Through a contract with the National Head Start Association, OSAP funded the development of training manuals for parents, teachers, and children. Called ***Parents and Children Getting a Head Start Against Drugs***, by Dr. Ura Jean Oyemade, these manuals are in the pilot stage and will be available in early 1992. The curriculum is designed to provide needed, basic information to parents and teachers. A discussion of risk factors frames the ten session manuals which are accompanied by activity sessions. African-American and Hispanic Head Start children are the focus of this publication series.

Babes and Puppets Helping Children: Myth Mary and Early Bird Teach Prevention, by S. Abbott, is another special project funded by OSAP in an effort to reach high-risk children through unique methods. Seven puppet characters discuss difficult topics and enable children to express their fears and impressions in a safe and developmental format. Though the *Babes* program has been available for many years, this special project looked at the use of the puppet technique with grandparents and older persons living with young children as caretakers and family support/significant others. *Babes* has received wide acceptance in Native American communities with young children.

One of OSAP's newest yet largest programs utilizes the methods of individual change models in a community-based systems approach called the **Community Partnership Demonstration Program** (see page 8).

OSAP believes that reducing risk factors is a method of addressing individual conditions and behaviors. Special attention must be given to early childhood—particularly the first year of life—and caretakers, siblings, and positive peer groups. Cultural diversity requires the use of culturally appropriate methodologies; such models can achieve much in the area of consciousness, confidence, competence, and character. In short, prevention programs that emphasize the family, lessen risk factors, recognize the role of culture, focus on all substances including alcohol, and overlay with a community empowerment strategy will be the most successful.

OSAP welcomes your ideas and creative approaches to the prevention of alcohol and other drug abuse. Please share with us and participate in our National Training System, grant programs, and information centers. For further information on the National Clearinghouse for Alcohol and Drug Information (NCADI), call 1-800-SAY-NO-TO or write to OSAP at P.O. Box 2345, Rockville, MD 20852. OSAP has many documents and materials to assist you in planning systems approaches and wishes to hear from you today!

Darlind J. Davis is Deputy Director, Division of Community Prevention and Training, Office for Substance Abuse Prevention (OSAP), U.S. Department of Health and Human Services. Ms. Davis' background in education and child development have involved her in Head Start, administering drug and alcohol prevention services at the state and national levels, serving as first Chairperson of the National Prevention Network, and work with the U.S. Department of Education Drug Prevention Program in Higher Education. She also serves on the editorial board of the Journal of Primary Prevention.

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■ by Cathie Harvey and Marilee Comfort with Nancy Johns

Integrating Parent Support into Residential Treatment Programs

> Don't talk about what you want to do for your baby. If your baby died tomorrow would you still have a reason to stay off drugs? Who are you living for?
>
> —*Detoxification program staff member during a group therapy session*

What skills do certified addiction counselors and case managers need in order to provide ongoing support and education for recovering parents of young children? Is the process of confronting addiction compatible with the process of nurturing nurturers? Are men and women in drug and alcohol treatment (D/A) programs interested in support and education for their role as parents of young children?

These are just a few of the questions Philadelphia Parenting Associates (PPA) raised in response to a 1988 request for consultation from the city's Diagnostic and Rehabilitation Center. The DRC had received a community demonstration grant from the National Institute on Alcoholism and Alcohol Abuse to establish Hutchinson Place (HP), one of the region's first residential treatment facilities for homeless, drug-dependent women and their young children. Knowing about PPA's success in helping traditional shelters for homeless families become more family-centered, the Hutchinson Place staff wanted PPA to work with them, their administrators, and parents to define issues and develop strategies for integrating support and education for parents into all aspects of the program.

Posing many questions about whether or not drug and alcohol treatment programs were an appropriate area for collaboration, PPA staff began studying principles of addiction counseling with the DRC staff. Next, ongoing communication was established with the Hutchinson Place administrative team regarding staff and resident needs and program policies and practices. This preliminary process of information gathering was essential for tailoring parent support and education to the requirements of the D/A staff and the recovering women. Finally, PPA provided inservice training for staff members and workshops for the mothers. The overall focus, for each level of planning and training, was on integrating parent support and education into the routine treatment program.

Since beginning this work with Hutchinson Place, PPA has established collaborative relationships with several other D/A treatment programs and drug-free shelters. Our experience with each program confirms that parent support and education *is* an essential element in the recovery process. It has shown that staff effectiveness *is* improved through training in child development and techniques of parent support. And, that parent support and education *can* be integrated into routine D/A program activities. This article draws upon PPA's ongoing relationship with Hutchinson Place to describe some of the issues encountered and some of the strategies currently in use by PPA.

Consultation on Policies and Practices

Historically, residential D/A treatment regimens have been designed *by* adult men *for* adult men. They involve confrontation, strict routine, and a full schedule of meditation as well as group and individual therapy sessions. The treatment emphasizes individual responsibility while encouraging the surrender of individual needs to the recovery process. Participants are required to focus tremendous energy on themselves.

Given this intense focus on the individual, the administrative guidelines in D/A programs tend to ignore normal parenting needs. A simple example is the use of curtains instead of doors at the entries to family sleeping areas at Hutchinson Place. The curtains allow for surveillance of the women, but make it very difficult for mothers to monitor their children during sleep and quiet times. PPA suggested that child gates be supplied to families in order to prevent toddlers from wandering off while parents sleep. But gates are an expense that must compete with other expenditures in the treatment program. Such competing priorities have required that PPA staff be persistent and specific in explaining that gates are an important way for parents to establish a safe environment for their children. The mastery of such childcare tasks is as important to recovery as success in maternal psychosocial areas.

Consultation and Training with Staff Members

A child development knowledge survey circulated among Hutchinson Place staff indicated that they had a reasonable understanding of developmental milestones and age-appropriate behavior. However, it documented a tremendous diversity of opinion about childcare practices such as feeding, weaning, and toilet training. These findings at HP have been confirmed through PPA's experience in all other D/A programs.

D/A staff are usually trained in the course of addiction. Frequently, they are in the advanced stages of their own recovery and have important intuitive skills for supporting the process of recovery and bring a strong personal commitment to their work.

Although residential program staff generally accept the fact that they are responsible for parent *and* child, their focus is usually on the adult. Many D/A staff members report having had difficulties with their parents during childhood as well as serious problems in parenting their own children. Others reported only minimal involvement with the rearing of their children. PPA found that prior to our training sessions in principles of parent support, D/A staff members defined childcare in terms of physical maintenance and discipline, with little or no appreciation for play as a way for parents and children to build relationships and learn social and language skills. Staff members knew only a few songs to sing with children, did not see any value in reading stories with children, and identified corporal punishment as the most effective technique for discipline—even though corporal punishment is not permitted in most residential programs!

Initially D/A staff reacted to in-service training sessions on parent support and education with a mix of skepticism, curiosity, and apprehension. Therefore, our current sessions explore staff members' intuitive competencies and encourage them to draw on the best in their personal parenting histories. Every session is experiential rather than didactic. Basic information about child development and child management is blended with problem-solving around common concerns. Judgmental attitudes about parent/child relationships (e.g., parents who don't take a pacifier away from a 3-year old are "lazy"); conflicts between D/A staff members' values and program norms (e.g., corporal punishment); or, erroneous information about child development (e.g., potty training at six months) can only be challenged after considerable trust is established and staff members begin to feel confident in some areas of parent support.

In addition to group training sessions on parent support, PPA staff also facilitate case conferences to discuss individual parenting situations. These sessions allow for additional informal education and result in action plans that involve the whole staff—working as a team and using a comprehensive, supportive approach.

A basic paradigm shift is usually required before a staff member can see parent support as an integral part of his/her work with the women. When this shift occurs, however, they begin to observe parent-child interaction more sensitively, to nurture the women as mothers, to provide anticipatory guidance around parent/child and child development issues, to model appropriate behavior with the children, to sit with mothers and review problematic parenting situations, and to use teachable moments with parents.

"I Want to Do Right by This Baby."

—*A resident states the need for parenting support among mothers in recovery.*

As part of the evaluation plan for Hutchinson Place, videos were made of each woman playing with one of her children. Under the controlled circumstances of a playroom—with only one child and a variety of age-appropriate toys—the women were generally responsive to child-initiated activity, played actively, and handled their children gently. Yet daily life in HP was characterized by children who were unattended, by parents shouting commands across the dining hall to children, and by frequent examples of parents' inappropriate expectations for their toddlers and preschoolers.

From information gained through the videotapes, informal observations, and parent workshops, it was evident that each mother showed real needs for parenting support and education—from simply increasing her repertoire of age-appropriate activities to developing bonds with her newborn.

For all of the women, however, those normal needs were complicated by their stages of recovery. Women in the early stage of the recovery process were often fatigued, had difficulty concentrating, were malnourished, and depressed. But, as some of their physical stamina returned, the women began to come to terms with their sense of guilt regarding their children—often establishing unrealistic standards for themselves as parents. As they proceeded in therapy after detoxification, they started to work on issues of self-control, managing feelings of anger, and establishing routines for daily living. Ironically, these were the same issues they needed to address with their toddlers and preschoolers, further complicating the challenges they faced as mothers and as functioning individuals.

Workshops with Mothers in Recovery

In order to address this variety of needs, PPA has found that weekly workshops are optimal, minimally offered in a six- or eight-week series. The best size for workshops in D/A programs is eight or fewer women, and the recommended length is one hour or less. Realistic objectives for parent workshops are to create opportunities for the women to have positive experiences with their children, to practice child care skills, and to create an environment in which the mothers can safely raise questions and share concerns about their role as parents.

In facilitating the parent workshops, PPA employs a variety of techniques that encourage the mothers to discover and exercise their power as parents. Exercises are intentionally structured to build on the system of mutual support that exists within the facility. And, each group establishes a set of ground rules for managing manipulative behavior, intense feelings carried over from other parts of the treatment program, and difficulties between individual mothers.

PPA's workshops in D/A programs are a blend of discussion and problem-solving sessions, parent activities, and parent/child activities. Discussions and problem-solving focus around issues such as sexual development in children and parent/child communication. PPA elicits concerns from the parents, uses those concerns as a framework for weaving in critical information about child development and child care, and then organizes the enlarged concerns into areas for discussion. PPA selects activities for parents and parent/child activities with three criteria in mind: the activities must promote physical contact between mother and child, encourage mothers to observe and interact with their children, and be fun! Infant massage, making and using playdough, making finger snacks, and making simple toys are popular activities with the mothers and meet the criteria.

PPA's experience at Hutchinson Place and five other residential D/A treatment programs has shown both the need and the potential for the programs to become more family-centered. Some of the next steps include securing more stable funding for collaboration between family support programs and D/A programs; interesting the research community in describing and documenting the critical paradigm shifts that allow D/A staff to become more family-centered in their practice; and defining options for disseminating successful strategies for work in D/A programs.

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■ by Katherine Chun and Bart Aoki

Ethnic Diversity and the Involvement of Parents in Preventing Adolescent Substance Abuse

In recent years, as broader cultural diversity has developed in communities across the country, programs for parents and families have recognized the need to tailor their services more specifically. Since 1987, the Asian Youth Substance Abuse Project (AYSAP) in San Francisco has been formalizing an approach to prevent substance abuse among high-risk adolescents from six different Asian ethnic groups. Funding from the Office for Substance Abuse Prevention (OSAP) has enabled the project to focus its plans for parent involvement to the cultural needs of each group—while making significant progress toward the goal of reducing substance abuse among the most vulnerable teens and families.

AYSAP is a joint effort of seven Asian youth serving and drug treatment agencies—Asian American Recovery Services, Bill Pone Memorial Unit of the Haight-Ashbury Free Medical Clinic, Chinatown Youth Center, Japanese Community Youth Center, Korean Community Services Center, Vietnamese Community Youth Development Center, and West Bay Filipino Multi-service Corp.—that together serve over 8,000 at-risk youths annually. In the late 1970s, San Francisco service providers began seeing large numbers of Asian youth involved in alcohol and drug use. An Asian American Substance Abuse Task Force was formed in 1983 which included representatives from 25 different Asian youth and family-related organizations and agencies. The efforts of the original task force and its successor organizations form the basis for AYSAP's continuing broad support.

Beginning with an understanding of the primary role of the family in all Asian cultures and the awareness that these ethnic communities differ along significant dimensions, AYSAP's approach with families is coordinated and specific. The project's consortium structure ensures that all services are planned and implemented by personnel and agencies who are credible and trusted members of the specific community. Without this critical organizational framework as a basis, many of AYSAP's programs may not have had their acknowledged success in involving the key family members of high-risk Asian adolescents.

The development of AYSAP's strategies for involving parents in preventing adolescent substance abuse began with identifying the risk factors relevant to high-risk Asian youth and their families. Importantly, AYSAP experience revealed that specific cultural issues often change the nature of each risk factor. For example, one of the issues complicating prevention efforts for Asian families is the extreme shame surrounding substance abuse and their reluctance to seek help outside of the family. As a result, a number of innovative family strategies have been developed within AYSAP prevention programs that minimize shame by reinforcing cultural strengths, validating the need and importance of both American and Asian culture, and linking prevention efforts to the family's natural support system. Intergenerational conflict between parents and children is another critical risk factor. To assist families in resolving these situations, AYSAP bilingual and bicultural staff involve parents and teens in both skill development programs and experiential activities.

The following are examples of ethnic-specific family strategies developed in the AYSAP project:

The Chinese component involves parents and teens in organizing biannual Family Forums where the staff facilitates groups to create humorous and educational skits based on the immigrant experience and family conflicts. Parents and teens form teams to play a family game in which they answer specific questions related to the skit and give examples of what they would do in a particular family member's situation; the audience members decide which team gives the best answer. Such use of dramatizations form a basis for addressing intergenerational conflicts in a manner that minimizes direct blaming and overpersonalization of issues.

On the other hand, **the Japanese component** has adopted a mediation approach to intergenerational conflict that avoids violating the Asian hierarchical relationship and therefore minimizes the loss of face. As with traditional intermediaries, such as a respected uncle or cousin, AYSAP staff assume intermediary roles in order to manage conflicts between parents and teens.

The Filipino component targets a majority of families who are Roman Catholic and part of a large religious community. The staff involves parents through links with clergy in the community; priests are recruited as partners in developing drug prevention presentations, parenting skills workshops, clean and sober religious celebrations, and family dances. For many Filipinos, the church is the most natural place to discuss personal problems. Self-disclosure in this spiritual setting often counters the shame and stigma associated with revealing family problems and substance abuse.

Working with a large population of immigrant families, **the Vietnamese and Korean components** focus their primary intervention on helping families cope and adapt to the many changes that impact upon their family relationships. The bilingual and bicultural staff acts as the parent's broker to the new culture by providing orientation to schools, community services, and vocational resources. Using strategies that are non-blaming and preventive in focus, the staff builds trust and acceptance by conducting home visits and encouraging parents and their children to organize activities during cultural festivals. In this way, parents are helped to see themselves as cultural experts who have the power to enrich their children's bicultural heritage.

AYSAP family approaches vary according to the specific Asian ethnic community, but all strive to develop new skills and resources that enable families to bridge intergenerational and cultural gaps. The program aims to support a sense of family in culturally comfortable terms and to develop mutual respect and understanding between parents and their children.

Resources developed by AYSAP to help Asian families include a Chinese parenting guide entitled "Ten Principles of Raising Chinese American Teens" by Dr. Evelyn Lee (1988). This parenting workbook has been translated to Vietnamese with ethnic adaptations (1991). Other resources include a drug education information booklet for parents written in Japanese (1989) and Korean (1990).

AYSAP health educators provide in-service trainings and technical assistance to other providers on culturally responsive family strategies that have worked successfully in their ethnic communities. ☐

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Empowering Parents to Prevent Drug Abuse in Public Housing

by Paula C. Kemp

In the late 1970s, middle-income Americans arose to meet the threat of spiraling drug usage through thousands of parent groups formed in furious reaction to the marketing of mind-altering drugs and paraphernalia to children. The first of these grassroots groups, an organization that became National Families in Action (NFIA), started in 1977 in Atlanta, Georgia. NFIA collected accurate information to educate parents, helped other groups form that would empower parents to encourage their children to avoid drugs, and influenced policymakers to support a drug-free lifestyle.

The parent groups were successful in shining a spotlight of attention on drug use, in helping parents find support among their peers, and in pointing out how important their educated opinions were to their own children. Drug use, which peaked in 1978, began to decline steadily as parents became aware of the harmful effects of drugs.

This was not the case in poor and depressed inner-city communities, however, where the abuse of crack was spreading wildly. National Families in Action, theorizing that *all* parents want what's best for their children, conceived a plan to replicate the effective work of upper- and middle-income parent groups among families who lived in public housing. Socially conscious groups were already at work in this area, but most targeted youth directly—inadvertently bypassing parents. NFIA felt this approach reinforced the parents' feeling that they were powerless to influence their children and ignored the sad fact that so many of the parents in public housing were children themselves.

Early in 1990, we obtained a five-year grant from the Office for Substance Abuse Prevention to create Inner-City Families in Action and to establish a presence in Bankhead Courts, a public-housing community with a tough reputation and located in an isolated area of Atlanta.

The community had few trees, no flowers, and little grass. All families living in Bankhead Courts were black. Nearly all households were headed by women, and most were welfare recipients. Despite this bleak picture, many concerned and caring parents tried to provide a safe and healthy environment for their children, but they felt alone and frustrated.

Working with CASCADE, a drug-prevention group involved in middle-income black communities, we slowly earned the residents' trust. In an apartment loaned to us by the Atlanta Housing Authority, we cooked and ate side by side with residents. We listened as they talked about the community's strengths and weaknesses. We surveyed their children about drug-related activities and walked door to door, polling the residents about their perception of drugs, safety, and needs.

The residents knew we were there to help them become drug-prevention leaders but told us—in no uncertain terms—that they first needed summer jobs for their children and nearby jobs for adults. A Jobs Committee was formed and we obtained employment for many youngsters through the Private Industry Council. Attempts to generate local jobs for adults were much less successful, but our focus on their needs won the cooperation of several key leaders.

Our first drug-education class included sharing the results of the youth survey with the parents. They were not surprised to find few youths using drugs. They were, however, amazed to hear that the children admired their mothers and fathers and other family members. Showing parents that they were more important to their children than professional athletes and rap or rock stars proved to be the incentive they needed to attend the drug-education classes.

The curriculum, "You have the Right to Know," developed by National Families in Action (see Resource File), is culturally specific and focuses on the disproportionate toll that drug abuse takes on African-Americans. The material examines the effects of various drugs on the body and especially on the brain. We found that these parents were well aware of the effects of drugs on behavior, but didn't understand what happens to the brain to cause the behavior. They were starved for information and became our ambassadors to the community.

By the third class, participants were crowded into two rooms of our apartment and sitting on the stairs. Using a collaborative learning technique, class members immediately began to share what they had learned. The positive feedback generated by these mini-presentations visibly pumped self-esteem into the mothers and grandmothers in attendance. Before the school year was out, the mothers were delivering the curriculum (rewritten to be age-appropriate) to sixth- and seventh-grade students at the invitation of the principal. What an exciting experience for all of us!

Now in year two, the grant has allowed us to expand our activities. We are able to offer the course to those who missed it initially, and this time, the teachers are neighbors. Additional work on developing the curriculum continues. A cost-share agreement with ACTION, the federal volunteer agency, helped us to hire two residents as VISTA volunteers. Several residents are undergoing treatment for drug abuse after obtaining help from our staff. Infant formula supplements are delivered to new mothers who need it. Residents meet twice weekly to discuss family values and to learn craft skills. With assistance from Morehouse Medical School's Cork Institute, we are developing a manual based on the discussions of family values. We are working with several adult residents and children in our "Just Say No Club" to plant and care for a vegetable garden. Arrangements with a local bank allow residents to cash their checks and bypass paying the exorbitant rates charged by check-cashing outlets. In February 1991, we took the program to a second public housing community in Atlanta; several of the residents trained in Bankhead Courts now teach and work in Techwood Homes.

What have we learned about parents in public housing? We confirmed that parents—whether they are rich or poor, young or old—care about their children. We've discovered that parents with little formal education can process complex information when it's something they want to understand. We've found that many residents of public housing need just the slightest encouragement to shine. We have discovered some of the inequities of the system and are finding ways to work within it while we attempt to make positive change. We are convinced that empowering parents with knowledge enables them to make change in their lives. And we believe that self-generated change lasts longer than change brought about entirely by outside intervention. □

For more information about Inner-City Families in Action, call or write Sue Rusche, Director of National Families in Action, Harold Craig, Project Director, or Paula Kemp, Associate Director.

Contact them at: 2296 Henderson Mill Road, Suite 204, Atlanta, GA 30345 404-934-6364. FIA is a member of the Family Resource Coalition.

by Abraham Wandersman and Robert M. Goodman

Community Partnerships for Alcohol and Other Drug Abuse Prevention

The Problem

When residents in the Midlands—a four-county area of metropolitan Columbia, South Carolina—were asked in a 1990 survey about the major problems in their communities, they responded decisively: drugs. No other problem came in as a close second.

In the Midlands, nearly 60 percent of adults 18 and over regularly use alcohol. The number of admissions to our treatment centers reflect the severity of AOD abuse: For example, in two counties, admissions for alcohol treatment rose 77 percent in the last decade and drug admissions rose 107 percent. A similar pattern is repeated in the other two counties. Alcohol and other drugs are not just problems for treatment centers. They undermine our safety and contribute to crime and accident fatalities. Not surprisingly, risky behaviors have been passed along to the children. A survey was recently done on the extent of alcohol and other drug use by students in grades 7-12. In one county, almost 12 percent of seventh graders have at least one alcoholic drink per week. Nearly half of 12th graders use alcohol on a weekly basis. The numbers are similar for other counties. The problems cut across class and race lines and affect the whole community.

—From the *Midlands Summit Report 1991*

A Proposed Solution: Community Partnerships for Substance Abuse Prevention

Premise: Alcohol and other drug (AOD) abuse, like most chronic health conditions, has multiple causes that are imbedded in our social fabric. While state and federal efforts are beginning to deal with the magnitude of the problem, it is at the community level that action must be mobilized to combat the complex issues involved. This means that the school, business, religious sector, media, health, academic, government, criminal justice, and grassroots community groups must coalesce as partners. It is only through large-scale, coordinated, and concerted efforts that communities will have a real chance to win the war against AOD abuse.

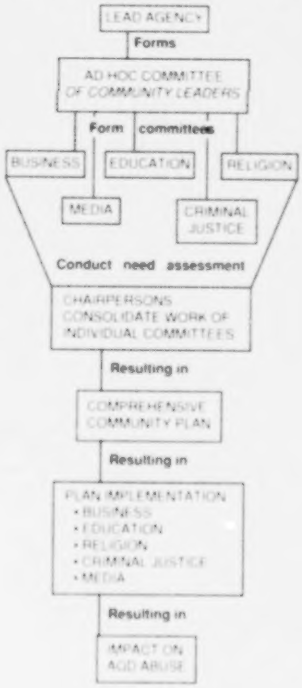
Recognizing the validity of such a comprehensive community approach, the Office for Substance Abuse Prevention (OSAP) has funded the development of partnerships in approximately 250 communities throughout the United States

These projects, each funded for five years, require that the community form a partnership, or coalition, of influential leaders *and community members* who will develop a comprehensive plan for reducing AOD abuse. The five-year funding provided by OSAP is innovative in that it allows time for each community not only to form a coalition and develop a plan of action, but also to implement their plan and evaluate its impact.

The authors are involved in evaluating two local community partnerships for substance abuse prevention; Figure 1 illustrates the model being used for their development. At the initiation of OSAP funding, the lead agency in each community convenes an *ad hoc* committee of local leaders who represent both the public and private sectors. These individuals in turn nominate influential citizens to sit on committees representing parents and youth, schools, businesses, religious institutions, the media, health, academic, government, criminal justice, and grassroots organizations. Each of the committees conducts a needs assessment to determine the extent and nature of its constitutents' concerns around AOD abuse. Based on the results, each committee recommends strategies for community action. The committee chairpersons are responsible for integrating all the strategies into one comprehensive plan which is then implemented through the coalition of organizations that was initially involved in developing the community plan.

Coalitions such as the OSAP partnerships are becoming a popular mechanism for mobilizing communities and for establishing and implementing health and social programs. For example,the federal government encourages the use of coalitions in chronic disease programs (the PATCH program of the Center for Disease Control) and cancer prevention (the COMMIT and ASSIST programs of the National Cancer Institute). While there is a great deal of common knowledge and a number of how-to manuals about operating coalitions, little systematic research exists on the characteristics of effective coalitions or how coalitions are formed and maintained. As the evaluators of two community partnerships,[1] we are most interested in going beyond the buzzwords of "collaboration," "partnerships," and "coalitions" to assess how community groups actually work together: we want to know how they form, cooperate, and sustain their operations.

Figure 1.
Model for Development of an OSAP Community Partnership



Beyond the Buzzwords: Toward a Framework of Community Coalitions

Coalition defined: A coalition is "an organization of diverse interest groups that combines their human and material resources to effect a specific change the members are unable to bring about independently" (Brown, 1984).

When do coalitions form? Coalitions tend to form in response to a crisis, such as the drug and alcohol epidemic that spawned the OSAP partnerships. They also form in response to an unusual opportunity, like the sudden availability of grant funding. Coalitions can develop when resources are scarce or dwindling, or in times of necessity (e.g., to qualify for funding programs). When considering whether to form a coalition, community groups need to carefully assess what imperatives are operating that would entice others to join the partnership.

Why should I or my organization become involved? In general, individuals or groups join coalitions when the benefits of membership outweigh the costs of joining. Typical reasons for joining include: increasing access to resources; greater visibility, lobbying power, or political clout; inclusion in a network for information sharing and support; learning new skills; greater recognition; and improving services. Costs of participation may involve time taken away from other activities, inconvenience, extra meetings, and perceived lack of accomplishments (Prestby, Wandersman, Florin, Rich, and Chavis, 1990).

In our evaluation of OSAP community partnerships, we are surveying coalition members to determine which of these benefits and costs have the most effect on member participation, satisfaction, and the development of a comprehensive plan for AOD abuse. If, for instance, increased political clout is an important reason for joining, a coalition can direct strategies that emphasize that benefit, such as including members' names on press releases and petitions to government officials. If time pressure inhibits joining, the coalition can work toward minimizing the cost by holding short but efficient meetings at lunch hours in mutually convenient locations.

We suggest that when forming a coalition, members clearly identify the organization's purpose. Is the community partnership mainly for information sharing, greater access to resources, greater political clout, or for a combination of these and other reasons? Once the reasons are understood, research who could benefit the most from such a coalition and what other groups are important to include that might need convincing? How can you advertise the benefits of membership in order to entice people to join while minimizing the barriers or costs of joining?

How do we maintain our coalition? Once formed, coalitions need to be nurtured so that they can mature and become fully operational. For instance, the OSAP partnerships were formed to develop a community plan, but their greater challenge will involve the actual implementation of that plan. Implementation requires sustained coordination and cooperation among groups that may not have worked together previously. For the coalition to have an influence on these groups, it must reach maturity and remain durable.

Few studies exist on the maintenance and viability of coalitions, but studies on voluntary and public sector organizations suggest strategies that can be generalized. For example, Prestby and Wandersman (1985) compared voluntary organizations that remained functional versus those that died out. They found that organizations with more potential resources, more structure (committees, by-laws, bank accounts, etc.), more activities, more attention paid to infrastructure (e.g., recruiting new members, training new leaders), and more accomplishments of initial and long-term goals were more likely to survive. Goodman and Steckler (1989) found that the more routinized an organization's operations become, the more likely they are to be sustained. Examples of routinization include regular work schedules, frequent staff meetings, and ongoing program planning.

When trying to *maintain* a coalition, we suggest that the following questions be addressed: Has the coalition developed permanent structures like by-laws, committees, and funding mechanisms? Have the coalition's operations become routine? Are meetings held on a routine basis? Do members routinely attend? Are members routinely informed about the coalition's work? Is a newsletter routinely sent to members? Do subcommittees continue to function on a routine basis? If the answers to many of these questions are "no," then the coalition should concentrate on developing the necessary structures and routines that insure its survival.

How can we assure that our coalition is *effective?* When assessing a coalition's effectiveness, it is essential to explore what community outcomes and impacts the coalition produces. For instance, the OSAP partnerships were initially formed to produce plans; part of our evaluation therefore, focuses on whether plans actually resulted and how good they are. A well-maintained coalition is not necessarily an effective one. After all, how many programs seem to last forever even if they're not worth the investment?

The following questions are important when assessing the quality of a coalition's planning effort: Does the plan specify objectives to be addressed? Are the objectives consistent with the goals of the coalition? Does the plan include specific activities that foster the goals and objectives? Are organizations identified that will take the leadership in implementing the activities? Are mechanisms specified for coordinating activities?

Assuring the adequacy of the plan is only a first step in community coalition effectiveness. In order for these coalitions to be ultimately effective, they must produce meaningful changes in the community. In the example of the OSAP partnerships, this means that AOD abuse is reduced. Important questions to address include whether the coalition's efforts increase community-wide knowledge of drugs and the perceived risk of drugs, whether they produce a reduction in overall drug use, a decrease in DUI arrests, a decrease in school disciplinary action for drug or alcohol offenses, and a reduction in the rate of new students starting drug use.

Coalitions Can Change Communities

The purpose of the OSAP Community Partnerships is not only to help communities prevent and control AOD abuse, but also to be an example of how community life can improve when Americans value and work for their communities. The *partnership is an exciting and timely* experiment in large-scale community change. If successful as a strategy, this type of coalition may be applied to other complex challenges such as urban violence and crime, poverty and economic development, and quality education. Although it is too early to tell how useful coalitions may be in addressing such complex problems, we believe that continued and systematic study of well-funded coalitions is a step in the right direction that offers citizens a positive way to work together for the betterment of their communities.

Note

1. Our evaluation team includes graduate students Frances Butterfoss, Pam Imm, Heather Breiter, Matthew Chinman, Noelle Duvall, and Stephanie Wilson.

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by Lynn McDonald

Families and Schools Together (FAST): A Prevention Program that Works

In 1990, FAST was presented with one of ten exemplary awards given to national programs by the U.S. Office for Substance Abuse Prevention. FAST is a unique alcohol and other drug prevention program—a collaborative venture between elementary schools, a mental health agency, an alcohol and other drug prevention agency, and families. It targets high-risk elementary school children using a family-based approach. FAST families are partners in an effort to empower them to become primary prevention agents for their own children.

FAST is structured to address four factors that have been correlated with adolescent substance abuse: parental substance abuse; low self-esteem; inability to discuss feelings; and lack of routines, rituals, structure, and communication.

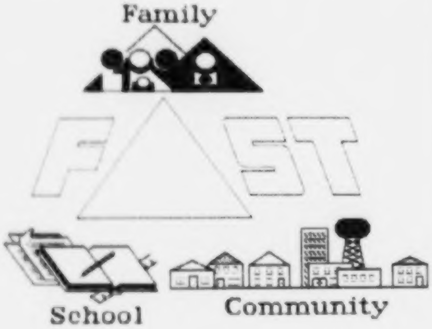
The children served by FAST are not yet involved in substance abuse but are referred through their teachers who find them at risk for school failure, juvenile delinquency, and alcohol and other drug use. Their families tend to be hard to reach in that they are usually poor, experience high degrees of environmental stress, have family histories of substance abuse, and have little contact with schools and community services. Approximately half the families served are from minority groups.

FAST recognizes the school as a hub in families' lives, and therefore creates a community within a community by bringing families in the same geographical school district together to participate in the program. Each family unit is seen as a team, and the entire program focuses on strengthening those teams and building family participation in a community network.

The program consists of multiple family meetings in two phases: eight weekly meetings followed by monthly meetings for graduate families that continue for at least two years. During the eight weekly meetings, up to twelve families have meals together as family units, engage in family strengthening activities, and learn communication skills; the parents meet as a support group while the children play separately. This is followed by: a parent and the at-risk child spending one-to-one quality time, which builds self-esteem for both participants; a lottery is held with one family winning as a family unit; and a closing activity, designed to provide positive and fun alternatives to using alcohol and other drugs, reinforcing family ties. The monthly meetings include a meal, a curriculum review, and an outing.

Each team meeting includes representatives from the schools, the alcohol and other drug prevention agency, and the mental health agency. Parents are continually exposed to the idea of being in equal partnership with other collaborative team members who want to assist the child at risk. The partnership dynamics build over the eight-week period. Parents settle into their responsibilities as primary agents of prevention for their own children, and the others are available to share tools and techniques that may be useful to parent partners.

Exposing families to information and resources in these meetings is seen as an important part of empowerment. When families are given information at a neutral time in their life cycle, they appear to be more open to listen and absorb. Having information creates choices; choosing creates empowerment. As parents share their experiences with each other, they learn about skills other parents have used successfully and a feeling of power is generated as they support each other.



FAST originated in Madison, Wisconsin in 1988. The program is based on family systems theory, stress/social support research, and techniques from child psychiatry. FAST is known for its careful and thorough evaluation. The program has empirical data which document success in (1) increasing the child's attention span and self-esteem, and decreasing behavior problems in the schools and at home, (2) strengthening parent-child relationships, enhancing overall family functioning, encouraging family networking, and (3) helping families feel more comfortable in their dealings with schools and other community resources.

Finally, the FAST program is currently listed in Wisconsin Act 122, the State's Antidrug Bill; $1 million is appropriated annually for its replication in communities throughout the state. A FAST Training Manual was developed to address replication of the program when used in conjunction with a 6 1/2-day training model. It contains strategies for dealing with each component of the curriculum as well as an appendix that includes all record-keeping instruments. National replication of the FAST program is in process.

Lynn McDonald, Ph.D., A.C.S.W., conceived the idea of FAST and is its Program Director. Contact her at Family Service, Inc., 128 E. Olin Ave., Suite 100, Madison, WI 53713 608/251-7611. Dr. McDonald is a member of the Family Resource Coalition.

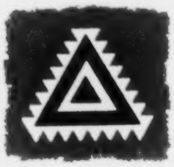
Voluntary participation is dependent on sensitive recruitment: getting the families to attend at least one program is necessary for the program's success. How do we do this?

1. We recruit the whole family in person, in their home, often accompanied by a FAST graduate.
2. We provide free transportation from families' homes to meetings and back again.
3. We provide a free meal for the whole family at the meeting.
4. We give out "FAST lottery" tickets and each family wins $30 worth of prizes in one of the weekly drawings.
5. We provide free childcare for infants and toddlers during the meetings.
6. We have a graduation ceremony in which the school principal awards certificates.
7. We hold monthly meetings for two years for whole families who have graduated from the 8-week program. Once in FAST, always in FAST.

by Pamela J. Thurman

American Indian Families Build New Strengths on Ancient Traditions

> Take the best of the white man's road, pick it up and take it with you. That which is bad leave it alone, cast it away. Take the best of the old Indian ways—always keep them. They have been proven for thousands of years. Do not let them die.
>
> —*Sitting Bull*



American Indians have worked hard for better educational systems and a greater voice in federal decisions. Once again we have strong, positive role models and today there are many American Indian families who are resourceful and successful. For each troubled Indian youth, there are four who are healthy and successful. We gain strength in the knowledge that we have survived a multitude of obstacles that might have overwhelmed us—prejudice, poverty, and external control of politics, education, and law.

Yet, our struggle is not over. Literature accurately describes the destructive effects of alcoholism, drug abuse, suicide, social isolation, and violence in some American Indian communities. Even now, many Indians encounter social, economic, and environmental obstacles that severely block their potential for success. Chief Joseph once said, "All that we ask is an even chance," yet many Indian families never get that even chance.

The limited opportunities are compounded by substance abuse. For example, recent data from our Tri-ethnic Center for Prevention Research indicate that American Indian youth have higher rates of drug use than non-Indian youth for nearly all drugs, sometimes twice to three times higher! Earlier theories associated substance abuse with acculturation or deculturation stress, but this does not seem to be true for Indian youth today. In fact, the common threads associated with drug use are friends that use, and a weak link to both family and the traditional Indian value system. Why do our youth continue to use chemicals?

Many Indian communities or reservations are geographically isolated, restricting access to the economies that provide quality employment, enhanced job training, and prime educational opportunities. Urban Indians, on the other hand, face a different type of isolation—often living in poor areas of cities and towns, far away from family, friends, and meaningful tribal experiences. Such separations are very difficult because of their belief in and reliance on the traditional extended family system which has endured throughout time and continues to be a powerful and vital element of Indian life.

When economic conditions demand that families move away from the tribal community and the support of the extended family, there can be many consequences. It is essential, therefore, that agencies successfully serving American Indians build and strengthen the family by offering creative activities that honor and strengthen family values and traditions. Service professionals must provide families with opportunities to acquire the skills, expertise, and proficiencies of the dominant culture without displacing tribal identities or cultural support systems. This allows the American Indian his or her "even chance."

Focus on Community, Family, and Tradition

As an example, there is a successful urban American Indian Prevention and Treatment Program in Tulsa, Oklahoma that is based on the traditional family concept. Its Advisory Board, established to oversee services and ensure cultural awareness, includes Indian professionals, media, elders, parents, and youth. The program center reflects the value of family—an older house that encourages the feeling of going "home" when one needs a warm and caring environment. Coffee is always available and this act, though small, maintains the Indian tradition of nurturing by offering food or beverage to demonstrate respect.

Because the majority of the families have limited resources, a collaborative referral effort has been implemented to provide assistance with basic necessities—housing, food, clothing, medical care, transportation, childcare, employment assistance, etc. After the necessities are met, families are encouraged toward a goal of self-sufficiency. Building confidence and providing opportunities for self-sufficiency are far more important than delivering a myriad of services that maintain dependence on the agency system. These opportunities are presented through carefully planned family events selected for adherence to cultural significance and literacy level. Activities focus on building interpersonal relationship skills, family communication, health and wellness, Tribal traditions, decision-making, anxiety reduction, and employability, all of which positively influence parenting without the guilt parents sometime associate with "parent training."

Traditional inter-tribal activities are also held regularly—community feasts on certain holidays, cedar ceremonies for prayer and purification, storytelling, and music. Other program events use cultural and drug-free themes for children's art shows. Youth are taught how to construct and use the sweat lodge and prayer ties. An Indian running club has been established as an alternative activity promoting wellness and the spirituality of running. Friday Family Night is a regular event that includes videos, food, music, games, and other interactive activities. These evenings allow the family to enjoy one another in a tribal or community atmosphere and provide subtle positive role modeling.

With the exception of Friday Family Night, childcare is offered while parents attend other center activities. Childcare not only supports attendance but has become a vital agent for early identification of developmental difficulties and increasing chances for remedial treatment as well as prevention of later school failure.

All the families are unique and each has an individual cultural experience that adds to the richness of the center. They demonstrate a great capacity to respond effectively to the problems they encounter, and each demonstrates numerous strengths that put them in touch with healthier ways of living. Although much is still needed to improve the quality of life for American Indian families, this program, as a first step example, provides an effective prevention framework for building greater opportunities.

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Parenting as Risk-Focused Prevention

The costs of substance abuse during adolescence and early adulthood are well known. For the developing young adult, drug and alcohol abuse undermine motivation, interfere with cognitive processes, contribute to debilitating mood disorders, and increase risk of accidental injury or death. For society at large, adolescent substance abuse extracts a high cost in health care, educational failure, mental health services, drug and alcohol treatment, and juvenile crime.

When my colleague, Dr. J. David Hawkins, and I began our work in the field of substance abuse treatment, most of the adolescents and adults with whom we worked had experienced the reinforcing effects of drugs. Most had also experienced school failure and had little commitment either to their education or to legitimate work. These adolescents were in serious conflict with their families; the adults were in serious conflict with their own families and were influencing a whole new generation to continue on the same path. Although we remained involved in and committed to improving treatment, our experiences in the late 1970s and early 1980s convinced us of the need for preventive action.

Unfortunately, many of the early attempts to prevent substance abuse had not been successful. For example, drug information programs did not always have the intended result—sometimes information about drug effects actually encouraged experimentation. On the other hand, the heart and lung disease prevention work being pioneered at Stanford University stimulated our interest in the effectiveness of targeting risk factors as an approach to prevention. When the researchers targeted such risks as a high-fat diet and lack of exercise, most studies found that as those risks were reduced so were sickness and death due to heart disease.

We adopted the same approach in our work on drug abuse prevention. We began by examining more than 30 years of research from a variety of fields, and we identified risk factors in each area of the child's world: the community, the family, the school, and the individual child. Following is a list of the risk factors we identified, from prospective longitudinal studies, as consistent precursors of adolescent substance abuse[1]:

- Laws and norms favorable toward use
- Availability of alcohol and other drugs
- Low attachment to neighborhood and/or neighborhood disorganization
- Transitions and mobility
- Extreme economic deprivation
- Family history of alcoholism
- Family alcohol and drug use and positive attitudes toward use
- Poor and inconsistent family management practices
- Family conflict
- Academic failure
- Low commitment to school
- Early and persistent problem behaviors
- Association with drug-using peers
- Alienation, rebelliousness, and lack of social bonding
- Youth's own favorable attitude toward drug use
- Early onset of drug use

In the literature we also found consistent protective factors—those that inhibit substance abuse despite exposure to risk. For example, research has shown that even when children are exposed to multiple risk factors, they are less likely to develop substance abuse problems if they have close bonds to people and social institutions with values against drug use.

Our approach to prevention—the Social Development Strategy—combines research information on risk and protective factors into a method for preventing substance abuse. The strategy's objective is to reduce risk factors in ways that enhance children's bonds to people and institutions that have norms against drug abuse.

Families can learn techniques to address the problems of drug abuse. Many of the risk and protective factors we have identified fall within the family's scope of responsibility and concern. *Family alcohol and drug use and attitudes toward use*, for example, exert an enormous influence on children's expectation to use drugs as well as their actual use. Alcoholism and illegal drug use within the family have been shown to increase the risk of alcoholism and drug abuse in children.

The risk of drug abuse also appears to be increased by poor *family management practices*. These are characterized by unclear expectations for behavior, poor monitoring of behavior, few and inconsistent rewards for positive behavior, and excessively severe and inconsistent punishment for unwanted behavior. *Family conflict* also increases children's risk for both illegal drug abuse and delinquency, and it is conflict itself, rather than family structure—including divorce—that places children at risk.

Risk factors having to do with children's behavior represent another area where parents can help prevent the development of drug problems. The behavioral precursors of drug abuse include *early antisocial behavior, association with drug-using peers*, and *early onset of drug use*.

Early and persistent problem behaviors are predictive of a variety of behavior problems in adolescence, including frequent drug use. The greater the variety, frequency, and seriousness of antisocial behavior in childhood, the more likely it is to continue into adolescence and result in other problems.

Friends who use drugs can be one of the most powerful influences in an early adolescent's life. As a result, peer drug use has consistently been found to be among the strongest predictors of substance abuse for youth.

Early first use of drugs predicts subsequent misuse: the earlier the onset of *any* drug use, the greater the involvement in other drug use and frequency of use. This being the case, parents need to know how to reduce early risk factors for drug *abuse* before their children have initiated drug *use*.

On the upside, *bonding to family* is an important protective factor against adolescent substance abuse. Positive family relationships, characterized by involvement and attachment, appear to protect youths from developing a substance abuse problem. In fact, the most important predictor of a drug-free adolescence may be strong ties to parents who express clear norms against drug use. Surveys consistently show that when children refuse drug offers, the reason they usually give is "my parents." Our research has shown that family bonds of attachment, commitment, and belief combined with the message that drug use is not acceptable can make a difference.

Parents as Change Agents

How can parents be empowered to reduce their children's risk for adolescent substance abuse? One way is through parent education programs that teach families techniques to strengthen bonding and communicate norms against drug abuse.

Preparing for the Drug Free Years,[2] described later in this issue (see Resource File), is an example of such programs. It is a risk-focused workshop for parents of elementary and middle school children that is part of a comprehensive experiment in school-, family-, and peer-based drug abuse prevention. As we designed this program, we developed criteria for effective parent workshops to prevent substance abuse. These same criteria can be applied by anyone seeking effective parent programs to prevent drug abuse:

- **Begin early, before children start drug use.** Primary prevention means reaching parents of children prior to the middle school years, when high rates of drug use are initiated.
- **Address risk factors that can be changed by family action,** such as the family and behavioral factors detailed above.
- **Involve high- and low-risk families together.** In this way you don't stigmatize any of the families and children who participate in the program. This approach also helps high- and low-risk families talk to each other and learn from each other.
- **Enable parents to decide whether and how to apply aspects of the program in their own homes.** Parenting programs can make a difference only if parents apply what they learn, which they will do only if they find the material sufficiently compelling. This criterion highlights the need for program relevance across lines of culture, education, and social class.
- **Strengthen family bonds.** All program activities should be aimed at increasing opportunities for family involvement and contribution, skills for effective involvement, and recognition for skillful involvement. In this way, bonds between family members will be strengthened. To the extent possible, the programs themselves should bring parents and children together. The more family involvement around the program material, the greater the likelihood that the program will increase family bonding.

But how do we persuade families to come to workshops? This is a tremendous challenge which demands nothing less than changing the social norms about parent education.

If programs are to be successful, parents must feel good about getting involved in them. Their peers should see these parents as smart consumers of information who care about their families and are taking steps to do the right things for them.

Parent education must become as popular as the fitness movement. Everyone should be talking about how they are reducing their family's risk for drug abuse, just as they currently talk about how they are reducing their families' risk of heart disease through changing diet and exercise habits.

I think my personal objective should also be yours: to reach all parents—whatever their history of drug use, their culture, their reading level—who want to prevent their children from using drugs. Here are some tips to help reach those families and draw them into workshops:

- **Use the media.**[3] Some possible approaches are public service announcements, local news stories, and televised workshops. A campaign title, logo, or theme can be very important in capturing people's attention. Keep it positive!
- **Remove barriers to attendance.** Make it easy to come to workshops—arrange a convenient location and time, child care, and help with transportation.
- **Be sure the experience is appealing.** Choose a comfortable, attractive setting and offer refreshments. Provide incentives to the children—interesting childcare, poster contests, special treats for school classrooms that recruit the most parents.
- **Personally recruit parents and get others involved in recruitment.** Nothing substitutes for personal contact. Call on well-known figures from the community to join you. Recruit others who will get involved in contacting parents—teachers, principals, students, other parents. When programs are offered through the school system, get children to write letters home to encourage their parents' involvement.

Parents can become agents of risk-focused prevention in their own families when they are provided with (1) a clear understanding of the factors placing their children at risk for drug abuse, and (2) solid techniques for reducing the risks and strengthening protection. Our objective must be to reach and empower all parents who want to protect their children from substance abuse. ☐

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Endnotes

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The Elusive Goal of Parenting

■ by Sue Blaszczak

Preadolescence and adolescence are noted as times of ups and downs and emotional trauma. For many parents of those children, that is especially true. Remembering the days of having three teens a year apart, I feel qualified to make that statement.

Early on, I would look around and wonder if all those parents with children the same ages were really as calm and efficient as they looked. From the outside it appeared the majority of the families were sailing through, unaffected by parenting adolescents. They all talked about their children, but only about safe subjects and nice subjects. The conversations felt guarded.

That was different from when the children were little. Then, it was okay to share stages and phases and concerns. Then, we were all anxious to call about events and overnights and birthday parties. Where had all the communication gone?

Were all those other kids angels, I wondered many times? Did those parents have a combination that we were missing? Were there secrets that they read about in special magazines, or did they mix with the people who had all the answers?

Slowly, I began to feel we were outsiders. Parenting adolescents seemed a lonely place to be. On any given day, there was a child in our home testing the system, challenging the rules, stretching the curfew, expressing dislike over our decisions, or trying to manipulate us with kid pressure.

The kid pressure was the worst. "You are the only parents that have those kind of rules." "I'll never have any friends because of you." "Everyone else's parents said they could go." "If you chaperone, I'm not going," and on and on. Indecision prevailed, along with feelings of guilt for being either too strict or not following gut feelings and being strict enough.

There was another problem, too. Something was missing. The family was busy. A dad working full time, a mom working weekends. Three teens, and a toddler besides. The days were busy, the weeks were busy, there was school and sports, lessons, church, shopping, chores, and so many other things to think about.

It occurred to me that maybe we were looking at parenting these children in a very nearsighted manner. We were dealing with parenting on an everyday basis, but not giving a lot of thought to long-range goals. Actually, I'm not sure at that point we ever stated any goals at all as parents. It was a profession we really had not been prepared for. No handbooks, no in-service.

Looking around for assistance, it became clear that most parenting classes required long-term weekly commitments that, with our schedules, we were not able to give. I began looking for written information and found a lot of good theory but little that dealt with long-range goals or practical help for everyday problems.

One evening a local school hosted a speaker, a man who described his frustration as the father of five children. He felt parents who had children who were friends should be talking to each other regularly about rules and guidelines, curfews, and concerns. Concerns like: Who was chaperoning the party, and did they agree on what that meant? Did the host parents approve of youth drinking? How and by whom were the children being transported? Was this a safe place for the children to be?

My thoughts exactly! I approached him and found that there had been a few attempts to set up a communication system in area private schools, but nothing else. He called the effort "Parents' Communication Network."

I took the information he had, went home, and immediately took a risk. I called twenty parents of my teenagers' friends and asked them if they were willing to get involved in an effort like this. I was absolutely amazed and pleased when everyone of them said yes.

We began to put together additional information and widen our networks, specifically addressing problems of alcohol and other drug use and all related youth issues. We set up networking systems in schools and with sports teams and other school groups. What a relief to find out there were other parents out there who had similar problems and concerns!

It became clear that parenting skills and prevention skills went hand in hand. It also became clear that many parents not only lacked correct information regarding alcohol and other drug use and abuse, but they were reluctant to seek that information unless the "adult positive peer pressure" factor was present. In other words, if the majority of parents were calling each other about where the children were going, it would be acceptable, under peer pressure, for them to do the same.

With a little empowerment, parents began to communicate with each other and to educate themselves in the skills they needed. They sponsored safe activities for their children, and found ways to begin changing the community environment to support the children in growing up alcohol and drug-free.

DASA Illinois Department of Alcoholism and Substance Abuse

As I watched the system begin to work for parents, and watched my older children grow to young adulthood, I believed I had found the missing piece that had eluded me for many years: all the things we were teaching parents were wonderful and correct and appropriate, but we needed a better perspective on why we were doing all of those things.

It became clear that our Parent Communication Network was in existence because we wanted our children to grow up to be the best they could be and able to get along without us when they left us. It was evident that on a daily basis, in the midst of our busy schedules, we needed to be sure we were parenting to meet those long-range goals. And if we *were* parenting to meet those long-range goals, we were also being good prevention practitioners.

Today I begin my nearly daily speeches to parents with "What is really our goal as parents?" Then I begin to talk to them and empower them. I give them the best information I have to help them accomplish their goal as parents. And I am simply there for them, just as I wish someone had been there for us when we needed it most. □

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■ **by Patricia Nelson, Ora M. Gibbs, and Donald G. Unger**

Families Matter!

Families Matter! is a community-based program for low-income, high-risk families that is designed to strengthen parents' use of effective strategies to prevent their youth from abusing alcohol and using illegal drugs. Families Matter! accomplishes this goal by providing support and education to parents, with a range of opportunities for program involvement. The development of this program was guided by principles which make prevention programs for families effective: (1) comprehensive and flexible services; (2) staff who have the time, commitment, training, and skills necessary to build relationships of trust and respect with families; (3) a focus on the child as part of the family, and the family as part of the community; and (4) programming that evolves according to the needs of families.[1,2]

Families Matter! is one of three components of a substance abuse prevention program in Wilmington, Delaware used to develop competent youth, supportive families, and caring communities. The program is being implemented by a consortium of community centers.

The first component, the Youth Connection, is offered after school and during early evening hours. Youth participate in activities that promote physical well-being, help them to understand and communicate their feelings, handle peer pressure, make healthy decisions, and learn social skills. A full-time coordinator works with the youth along with Peer Helpers—generally 13-15 years of age—who act as role models for younger children. Activities related to ethnic and racial heritage are an integral part of the youth program.

The second component, community empowerment, is currently being implemented to create neighborhood coalitions that actively support positive youth development. A community consortium will coordinate and generate resources needed to accomplish the goals of these coalitions.

In Families Matter!, the third component, paraprofessional Family Coordinators work twenty hours per week with the families of children enrolled in the Youth Connection programs. Parents have opportunities to participate in Families Matter! through weekly personal contact with their Family Coordinator via a home visit, telephone call, face-to-face talk, and/or personal letter. In addition, at least one parent meeting and one combined parent-youth activity are held every month in the community centers, providing opportunities for parents to interact with each other. Finally, a monthly age-keyed parent education newsletter is sent to each family. These strong outreach components offer support and encouragement, reinforce positive parenting skills, help families identify and use community resources, and encourage participation in group activities.

The variety of opportunities for parental support and education are designed to help parents identify the individual strengths and resources that they bring to parenting. Parents also learn how to increase or strengthen their monitoring of youth activities, set clear, reasonable limits for their youth, praise and encourage their youngsters, and spend quality family time. Family Coordinators assist parents with improving family communication, conflict management skills, home-school linkages, and their use of social support networks to strengthen family life.

Family Coordinators are very special, caring people who are good listeners. They are patient and persistent, removing barriers that prevent families from getting help and then linking families with services in the community. Coordinators work hard to gain the trust of families, knowing this is an important and difficult task to accomplish. Family Coordinators live in the neighborhoods they serve, and this shared background helps them understand and relate to the diverse cultures, lifestyles, and histories of their assigned families.

Some of the most important components that contribute to the success of Families Matter! include: (1) a program design that recognizes there will be different types and levels of family involvement; (2) weekly, personal contact with parents; (3) easy availability of Family Coordinators; (4) ongoing support for Coordinators through monthly meetings to provide in-service education and support, to learn of resources available in the community, to praise and encourage Coordinators, to discuss suggestions for improvement, and to meet monthly with the Senior Family Coordinator; and (5) close collaboration with the Youth Connection program.

Parents are made aware of the goals and activities in the youth program and efforts are made to integrate what youth are learning into programming for parents. The most effective Youth/Family Coordinator teams have weekly meetings to plan and discuss activities.

Some of the challenges that Coordinators face are low parent participation and irregular parent attendance at meetings; the basic problems have to do with transportation, working hours, low social skills, and low self-esteem. Families Matter! has eliminated some of these barriers by providing babysitting, refreshments, and occasional transportation.

The Families Matter! program was developed as part of a demonstration grant funded by the Office for Substance Abuse Prevention, and spearheaded by the Director of Delaware's Office of Prevention with major input from nine of Wilmington's publicly and privately funded community centers. More than 700 low-income families have participated in the Wilmington program in which most of the parents are single and African American. After initial success, the program has been implemented in six rural Delaware communities.

The Families Matter! program is one way to design parent involvement components in substance abuse prevention programs that are responsive to the diverse needs of families. Families Matter! is not dependent on parents coming to group meetings, nor is it solely a one-on-one program that deprives parents of the opportunity to gain crucial support and encouragement from other parents. While the challenges of working with high-risk, low-income families are innumerable, the need is great. The Families Matter! program is a family resource model that we believe can help meet the needs of families and their communities.

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■ by Ivy Spataro

Family Involvement is Key to Successful Worksite Treatment and Prevention Programs

Forty years ago, Employee Assistance Programs (EAPs) began to appear in corporate America. Back then, they were known as occupational alcoholism programs and focused specifically on the problem of alcohol abuse. The goal was to use constructive confrontation with the employee and impose an ultimatum of "shape up or ship out."

Many changes in American culture and family life have occurred over the ensuing years, particularly the growing number of families in which both parents work outside the home, and the rapid increase in working single parents. EAPs have responded by broadening their program focus from rehabilitating the alcohol user to assisting employees and their families with a whole range of personal and family problems. Still, substance abuse remains one of the most critical problems affecting family life.

An Overview

The Employee Assistance field has developed a core technology that distinguishes it as a unique profession. Most EAPs offer the following basic services:

- In-person counseling and telephone advice for employees and their family members; often a limited number of sessions are offered in order to provide a comprehensive assessment and linkage to ongoing services.
- Assistance with implementing the program, including development of EAP policies, procedures, and materials.
- EAP management training and case-by-case consultation to help supervisors make effective referrals.
- EAP orientation and refresher sessions to assist employees in accessing the program.
- Lunch and learn educational seminars
- Consultation for program viability and ongoing evaluation
- Utilization reports

In a period of stringent cost control, EAPs have had to prove their effectiveness and potential. In 1988, McDonnell Douglas commissioned a landmark study of its Employee Assistance Program and found that it did in fact save four dollars for every dollar spent. In general, the savings resulted from a reduction in absenteeism, accidents and workmen's compensation claims, and a decreased need to hire and train new employees.

While this study is evidence of the positive effect EAPs have on both employers and employees, the programs must still justify their existence—especially when costs of rehabilitating employees continue to rise. Thus, more recent attention has been given to prevention and early intervention efforts.

A key way EAPs provide preventive services is through their participation in wellness programs at the worksite that address a range of health-related issues—both physical and mental—which, if successful, will result in cost savings to the company (e.g., in reduced insurance costs). EAPs often sponsor educational seminars during the lunch hour on topics such as stress management or drug abuse. Seminars of this type provide useful information that not only contribute to employees making healthier choices for themselves and their families, but also serve as a means of marketing EAP services and reaching some employees before their problems are of crisis proportions. Proof of the actual cost-effectiveness of wellness programs is more difficult; nevertheless, commitment to these efforts is increasing.

The core service of EAP programs continues to be professional assistance for a range of personal problems that impact on job performance. Currently, most EAPs describe their focus as broad-brush, meaning that the program addresses the full range of personal and family problems encountered by employees. In addition, most EAPs have also expanded their service delivery to include employees' family members. A variety of methods are used to successfully accomplish these efforts, including targeted promotions to family members and the use of professionals trained in family treatment who can provide the assessments and referrals.

How EAPs Combat Substance Abuse in the Workplace

While EAPs have always maintained a focus on combating drug abuse in the workplace, providers are finding that a strong family component is key to addressing the problem. There are several ways in which family involvement in these programs occur:

1. Substance abusers are often the most difficult people to reach since the primary symptom of the disease—denial—means that the individual does not recognize he or she has a problem. The family, on the other hand, has often been in pain for a long time and is ready to reach out for help. Thus, an EAP that encourages family involvement can eventually access the employee through the family member who is motivated to seek assistance.
2. EAPs with strong family components help to develop a more rounded assessment of the employee's problem. Often the substance abuser is so impaired that it is difficult for the EAP counselor to clearly identify the exact nature and extent of the problem. By including family members in the process, the counselor is better able to provide an accurate assessment and the most effective treatment referrals, therefore contributing to the family's best chances of long-term recovery.
3. EAPs treat substance abuse as a family problem and involve the family in the solution. Family therapists believe that, in most cases, each member of the family assumes a specific role that propels the substance abuser. For example, spouses of alcoholics often become co-dependent, creating obstacles for the substance abuser in recognizing that he/she has a problem—a step that is crucial before recovery can take place.

Conclusion

Substance abuse is one of the most challenging problems faced by all sectors of our society. While EAPs at the worksite have an excellent vehicle for motivating the substance abuser to seek help—the employee's job stability—a truly effective EAP must go one step beyond. The program has the opportunity to not only use the power of the family to reach an employee in trouble, but it can also help family members participate in the process of rehabilitation. Hopefully, in the future all EAPs will be asked to demonstrate their commitment to family involvement as a measure of their success.

Ivy Spataro is a Regional Manager for United Charities, a nonprofit social service organization providing a wide range of services for vulnerable families. She oversees four divisions of the agency including the Employees Assistance Network, which provides EAP services to more than 20,000 eligible employees from over fifty metropolitan Chicago organizations. Ms. Spataro's background is in clinical social work. Aside from her administrative duties, she speaks to groups on a variety of workplace topics and provides consultation on issues such as drugs in the workplace.

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DASA: A Model for Community Substance Abuse Prevention

by Barbara Cimaglio

Alan Markwood is a busy man. As a Prevention Area Coordinator, he wears many hats while working with local agencies, government units, schools, the media, and community organizations in nine counties to ensure successful prevention efforts. The Prevention Area Coordinator is the point person in Illinois's model InTouch prevention system which is administered by the Illinois Department of Alcoholism and Substance Abuse (DASA).

DASA believes alcohol and other drug abuse is a public health problem. As we strive to promote healthy lifestyles among Illinois citizens, it is clear that health promotion and disease prevention must be addressed through strong community-based prevention programs. In Illinois, we have spent the past several years building a prevention network that depends on coordination—from the federal government to the neighborhood parents' group and the family. There are several different types of DASA-funded prevention programs in Illinois:

Comprehensive Programs

Comprehensive grants are awarded to community-based agencies that provide prevention activities to locally defined service areas such as counties, townships, and the Chicago community areas. Services must target the total population, youth and adult, and be available throughout the community. Specific activities must be based on the five nationally accepted prevention strategies: information, life skills building, alternative activities, social policy awareness and change, and impactor training.

The InTouch System

InTouch (Illinois Network to Organize the Understanding of Community Health) is a management system designed to bring together community prevention efforts. Started in 1985 as a collaboration between the DASA, the Illinois State Board of Education, and the Office of the Lieutenant Governor, the model was developed to join schools and communities into Regional Prevention Groups (RPG).

Innovative Programs

The Innovative grant program is a kind of incubator for new prevention ideas that are funded through special initiatives to provide particular services on a local level. These programs are intended to be demonstration projects for new ideas and strategies in prevention. In FY 90, funded programs were directed to high-risk minority populations, with a focus on projects targeted to residents of housing projects. All of these projects are evaluated for success and effectiveness.

Several of the Innovative Programs are now integral parts of the system. Most notable are ten prevention programs in public housing communities across the state. The initial project, funded in the city of Danville, gave us a site in which to develop and evaluate a model which is now being transferred to other communities.

Statewide Training

Training grants are intended to support projects that will have an impact on and be accessible to persons across the state of Illinois. Training programs address the diverse needs of the prevention field and focus on multiple prevention strategies. Training is handled primarily by the Prevention Resource Center (PRC) which was formed as part of the InTouch System.

Research tells us that education alone is not effective in preventing alcohol and other drug abuse among youth. To have a greater chance of success, prevention efforts have to encompass multiple strategies as outlined above. Training, therefore, is necessary to move communities to a point where they can develop effective prevention programs. PRC is funded to provide resources, training, and technical assistance in collaboration with InTouch. PRC has a library of prevention resources in Springfield and a Chicago branch specializing in resources for people of color. A series of basic or baseline prevention awareness and program development trainings are offered for prevention professionals and community prevention team members. These trainings include: an introduction to alcohol and other drug abuse prevention, community team training, mobilizing communities for change, and how to implement baseline training at the local level.

In addition, ongoing training is offered in special topics such as parenting, youth development, and community development. PRC coordinates the resource needs that are identified by communities as they refine their prevention efforts.

Youth Development

The success of youth development programs that are part of the InTouch system shows the positive effects of community based prevention. The Illinois Teenage Institute (ITI) and Operation Snowball, Inc., are prime examples. More than one thousand teenagers attended ITI in 1991 to learn how to develop leadership skills. Many of those teens went home and served as role models in Operation Snowball chapters. Snowball is a network of community prevention programs which evolved from ITI. Volunteers conduct weekend retreats and youth leadership training programs. Snowball has an 18-member Board of Directors which functions as an advocate and educator of youth. It has grown to at least 83 chapters throughout the state. Both ITI and Snowball are sponsored by the Illinois Alcoholism and Drug Dependence Association, and IADDA serves as the clearinghouse for information on the Snowball program. Many of the Snowball board members are also part of InTouch, which further strengthens the coordinated and comprehensive approach to prevention in Illinois.

Working Together

Prevention, supported by DASA and the InTouch System, has truly become a force for community change, but altering norms and values about alcohol and other drugs is a long-term commitment. For Alan Markwood and his staff, sustaining that commitment means that on any day or evening they may:

- assist a local prevention agency in one of the nine counties in their Prevention Service Area
- make connections between overlapping local, state, and federal prevention initiatives
- gather and report information on current local prevention activities
- help to organize and advise a local or regional volunteer prevention group
- write material for the InTouch newsletter
- set up or publicize prevention training events
- respond to inquiries for prevention information, materials, and referrals
- participate in public policy advocacy efforts

The InTouch system provides the structure through eighteen Prevention Service Area Coordinating programs, the resources and training through the Prevention Resource Center, and the program activities and services through the more than 125 local community-based agencies funded by DASA. The DASA-supported prevention system, with InTouch as the cornerstone, is a model of how communities can work together to bring about change.

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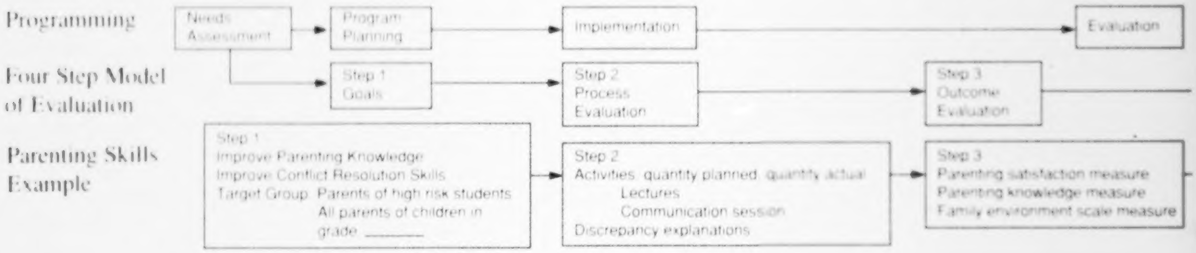
■ by Jean Ann Linney and Abraham Wandersman

Useful Evaluation for Community-Based Prevention Programs

There are thousands of prevention programs and activities ongoing across the country in small towns, suburbs, and major urban centers. While program providers and participants are generally enthusiastic, they may have difficulty convincing funding sources that their programs are effective. Increasingly, program developers, citizens, and funding sources are calling for documentation and systematic evaluation of these programs. Particularly in the area of prevention of alcohol and other drug abuse, substantial resources have been devoted to programs, but for the majority, we have little information about their effects. Program evaluation can address many unanswered questions: Do the programs work? To what extent are they able to accomplish their goals and objectives? What are the barriers to program implementation and program effectiveness?

Figure 1.


Programming
Needs Assessment
Program Planning
Implementation
Evaluation
Four Step Model of Evaluation
Step 1 Goals
Step 2 Process Evaluation
Step 3 Outcome Evaluation
Parenting Skills Example
Step 1
Improve Parenting Knowledge
Improve Conflict Resolution Skills
Target Group: Parents of high risk students
All parents of children in grade ______
Step 2
Activities: quantity planned: quantity actual
Lectures
Communication session
Discrepancy explanations
Step 3
Parenting satisfaction measure
Parenting knowledge measure
Family environment scale measure

While the call for evaluation grows louder, many of those who are implementing programs in local communities either lack the resources to conduct extensive evaluations or feel they do not have the skills and expertise to design or complete a program evaluation. In response to these grassroots needs, the authors have developed a user-friendly program evaluation workbook to benefit those who provide preventive service activities.

The workbook is structured around a four-step approach to evaluation (see Figure 1). *Step 1* is to Identify Goals and Desired Outcomes. *Step 2* is Process Evaluation, which involves the documentation of: (1) the activities undertaken to accomplish a goal or to bring about a desired outcome, (2) the obstacles to implementation of the program as planned, and (3) the target groups served by the program. *Step 3* is Outcome Evaluation, and it includes documentation of what happened as a result of the program and its immediate effects. *Step 4* is Impact Evaluation, or the examination of the ultimate or longer term effects desired by a program. A family life education program, for example, might result in the immediate outcome of increased knowledge about conception and contraception (Step 3), with the ultimate effect (or impact) of reduction in the rates of teen pregnancy (Step 4).

Most programs incorporate these four steps (goals, activities, outcomes, and longer term effect), but often they are not specified beforehand nor recorded in a systematic way. We find that service providers understand the logic of evaluation, but often have difficulty putting the information into a program evaluation format. To reduce these barriers, the evaluation workbook identifies common approaches to prevention (e.g., a public awareness campaign, parent training program, school-community partnership), and provides a set of worksheets for each prevention approach. For each type of program, there is a worksheet module which follows the four-step evaluation model—individualized for the specific prevention program being evaluated—with room for modification to reflect the specifics of local efforts. The worksheets identify common goals and desired outcomes and suggest useful process evaluation data to record, as well as suggested instruments for each of the outcomes identified.

How Does All This Apply to a Real Program?

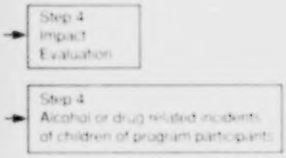
The example that follows describes a parent training program for the prevention of alcohol and other drug use among teens. The goals, process indicators, outcomes, and impacts are identified in parentheses. The bottom of Figure 1 outlines the four steps in this example:

A Parent Skills Training program was developed by the local Community Mental Health Center at the request of the McLinman High School administration. Many of the students at the school who got involved with drug and alcohol use came from families experiencing high degrees of family conflict and low levels of supportiveness for the child. In addition, the Community Mental Health Center staff became aware of research evidence that youth who get involved in illicit drug use often come from families with poor discipline, poor parent-child communication, and low family cohesion. Students from families experiencing high degrees of family conflict and low family cohesion were considered to be at high risk for drug and alcohol use (target group-Step 2).

With this information in mind, the staff of the Mental Health Center and the school's staff decided to adopt the XYZ Parent Skills Training curriculum. They thought that if the training improved the parent's parenting knowledge and conflict resolution skills (goals—Step 1), then these high-risk students would be exposed to less stress and to a more cohesive and supportive family environment (goals—Step 1). They felt that if the parent's par-

enting knowledge and skills improved (outcome—Step 3), then drug use among the high-risk students would be reduced (Impact—Step 4).

The parenting program was planned to comprise 16 sessions, each lasting one hour, and presented one evening a week at the high school (activities, quantity planned—Step 2). The first two sessions would introduce the parents to the philosophy of parenting skills. Special attention was focused on setting limits on the child's behavior while fostering the child's self-reliance and ability to cope with his own problems. A special session was developed by the mental health center and school staff which presented a videotape on recognizing indicators of child and adolescent drug and alcohol use and discussing how parents could effectively respond to suspected use. The next three sessions would develop communication and conflict resolution skills needed to put the parenting skills philosophy into practice. The last ten sessions would focus on practicing and role-playing communication and conflict resolution skills with a variety of problematic parent-child situations. Unfortunately, only five of the ten practice and role play sessions were actually conducted because of bad weather and scheduling conflicts with the school district (quantity actual/discrepancy explanations—Step 2).


Step 4
Impact
Evaluation
Step 4
Alcohol or drug related incidents
of children of program participants

The XYZ program was announced to all parents through a school mail-out. The goal was to have 75 program participants (quantity planned—Step 2). The intention was to have a group made up primarily of parents of high-risk students, but other parents could participate if space was available. Sixty parents attended the first session but only 10 of these 60 parents appeared to be from high-risk groups (quantity actual/targeted group missing—Step 2). The trainers were told by some participants that many of the parents not attending had no transportation, worked at night, had no safe place to leave their children, or were single parents who feared that everyone else would be couples (discrepancy explanations—Step 2). Ten parents, 6 of them high-risk, dropped out of the program before it was completed. A parenting satisfaction measure (outcome measure—Step 3), given to all participants before and after the XYZ program, indicated an average gain of 30 percent in parent satisfaction.

Several additional tests were given after the XYZ program was completed. Participants averaged a score of 85 percent on a standardized test of XYZ parenting knowledge (outcome measure—Step 3). The family conflict questionnaire and the Moos Family Environment Scale (outcome measure—Step 3) norms indicated that the XYZ participants scored at the 30th percentile on conflict and at the 75th percentile on family cohesion. A check of school disciplinary records indicated that none of the children of program participants were involved in drug- or alcohol-related incidents (impact indicator—Step 4). In addition, all parents reported positive attitudes toward the XYZ training experience on a workshop evaluation form.

To evaluate this type of program, evaluators could use the worksheet module for "Parenting Skills Training." The *Step 1* worksheet guides the evaluation team to identify program goals. Common goals for parenting skills programs such as "improve parenting skills" and "reduce parent-child conflict" are preprinted on the worksheet with space available for the evaluation team to add additional goals unique to their situation.

The *Step 2* worksheet guides the team through documentation of the number of training sessions planned, the targeted audience, consideration of who was missing, and what might have been obstacles to successful implementation. Common aspects specific to parenting skills training are preprinted on the worksheets. The *Step 3* worksheet shows the goals identified in *Step 1* with suggested measures for each goal (copies of the measures are included in the workbook). The evaluators are instructed to record data from pre- and post-assessments in specified columns, along with any data from comparison groups. Instructions are provided to guide analysis of these outcomes to determine program effects.

Step 4, the Impact Evaluation worksheet, identifies 7 indices of the desired impact of drug and alcohol prevention programming. The workbook provides suggestions on where to get these data and encourages comparisons both of pre- and post-program scores and comparisons with other similar settings that did not implement these programs (control groups).

This workbook has been used by community groups throughout the Southeast with very positive feedback. Many schools and community teams have used the materials for program planning. Novice evaluators report that the workbook helped to reduce their anxiety about evaluation by providing a concrete framework from which to begin to structure the evaluation activities. The workbook is not intended to be a handbook for how to conduct sophisticated evaluations of model research and demonstration programs that test theories and hypotheses. Rather, the materials are designed to encourage and facilitate evaluation efforts and to build evaluation capacity at the local level and to provide programs with procedures that will be useful for program management, resource management, and accountability. These evaluations can provide ongoing feedback on program implementation and resource allocation.

Preparation of the evaluation workbook was initiated in 1989 by the Southeast Regional Center for Drug-Free Schools and Communities in Atlanta.[1]

The original workbook has been revised and is being published by the Office for Substance Abuse Prevention as *Prevention Plus III: Assessing Alcohol and Other Drug Prevention Programs at the School and Community Level—A Four Step Guide to Useful Program Assessment.* It should be available (free) early in 1992.[2] While the workbook is specifically targeted to programs for the prevention of alcohol and other drug use at the school and community level, many of the worksheets are designed for family resource-type programs.

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■ by David L. Giveans

Reel-to-Reel

Films and Videos on Substance Abuse Prevention

The following selection of current films and videos is a sampling of the varied material available for young children and adolescents, parents, and the professionals who work with them.

Addiction: The Problems, The Solutions *(1990, 30 mins., video only).* Teenagers often fail to realize the complexities of addiction: what it is, who is vulnerable, why an addiction is so hard to kick, and what can be done. In a series of interviews with young people, a medical expert, and a psychologist, this video examines the whys and hows of addictive behavior to make viewers aware of what being addicted really means. Video discusses types of addictions—process and substance—signs of addiction, and cross-addiction. Study Guide. *Sunburst Communications.*

America Hooked on Drugs *(1986, 20 mins., 16mm/video).* Report produced by "ABC Nightline" and hosted by Ted Koppel explores the prevalence of drug use in America—its debilitating effects on the human brain, the personal costs, and the loss to business in declining productivity. In candid interviews, former drug users reveal how drug abuse disastrously affected their lives. *MTI Film and Video.*

America Hurts: The Drug Epidemic *(1987, 34 mins., 16mm/video).* An eye-opening look at the long-term implications of a society where a morally corrupt drug industry provides an enticing model of easy financial success. The growing menace of cocaine, crack, marijuana, PCP, and "designer drugs" is shown to extend far beyond the user. The expanding circle of devastation includes families, communities, and entire nations. Interviews with authorities explain how impoverished supplier nations are held virtually enslaved by the demands of the drug industry and how the efforts to meet those demands are destroying law and order, farming lands, and the lives of innocents. *MTI Film and Video.*

Bodywatch: No Butts *(1987, 30 mins., 16mm/video).* Despite years of health warnings, millions of Americans continue to smoke. The pleasures behind smoking, both psychological and physical, are presented as well as the newest and hardest facts about second-hand smoke and the effects of parental smoking on children. Examines successful strategies for quitting the habit for good. *MTI Film and Video.*

Breathing Easy *(1984, 30 mins., 16mm/video).* LaVar Burton, Mark Harmon, and Joan Van Ark appear on the "Breathing Easy" network which presents up-beat programs that extinguish the glamorous myths about smoking and encourage preteens and teenagers to "be well, stay well, and make the choices that will make their lives the very best they can be." This non-smoking film is bound to be accepted by viewers. *MTI Film and Video.*

Coke isn't It: Hard Facts about Cocaine *(1989, 26 mins., video only).* Live action vignettes and an interview with a medical doctor provide the hard facts about cocaine use. These include the extreme physical and psychological effects of the drug, the popular misconceptions involving cocaine, and a discussion of the "business" of cocaine use. *Guidance Associates.*

Drug Free Me *(1990, 15 mins., video only).* This video helps chidlren (grades K-3) understand the difference between medicine and illegal drugs: from whom it is appropriate to take medicine, and that they can talk to adults about their problems. Third graders' art work depicts their thoughts and feelings regarding tobacco, alcohol, and drugs. Tempsett Bledscoe from *The Cosby Show* is featured in one segment. Study Guide. *Select Media.*

Inhalant Abuse: Kids in Danger/Adults in the Dark *(1990, 18 mins., video only).* A video about the growing abuse of *legal* substances by children: spray paint, nail polish remover, colored markers, and 600 legal substances are deliberately used by seven million children! Video offers telltale signs of inhalant abuse, how children conceal their inhalant abuse, and practical prevention steps. Study Guide. *Media Projects, Inc.*

Kids Talking to Kids *(1989, 17 mins., video only).* Effective viewing for children 9 years of age through high school. Through interviews and scenes from their lives, five children discuss their experiences in an alcoholic family. Video is designed to teach young people better coping skills and to inform other children and adults of ways they can help. *Children of Alcoholics Foundation, Inc.*

Steroids: Shortcut to Make-believe Muscles *(1990, 35 mins., video only).* This video was designed for health education, and takes an in-depth look at steroids and why they should not be used by healthy people for non-medical reasons. Through interviews with a college athlete, a U.S. Navy doctor, and several coaches, the video discusses where steroids come from and cites the lack of quality control in their production. Underscores the many dangers steroids pose for men and women in athletics. Study Guide. *Sunburst Communications.*

Teaching Healthy Choices: Strategies for Substance Use Prevention in Grades K-2 *(1990, 50 mins., video only).* This video was produced by Bank Street College of Education to train teachers, counselors, and administrators to implement Project Healthy Choices, a substance-use prevention program for children in grades K-2. It is divided into three parts: Self-assessment, Healthy Choices in Action, and Getting Started. Study Guide. *Select Media.*

The Substance Abuse Series *(1990, 15-20 mins. each, video only).* A series of six videos: About Alcohol, Young People and Alcohol, About Drinking and Driving, About Drug Abuse, Young People and Drug Abuse, and About Cocaine and Crack. The unique three-part format of each video captures on-the-street interviews, commentary by experts, and special animation. Study Guide. *Channing L. Bete Co., Inc.*

Wasted: A True Story *(1983, 24 mins., 16mm/video).* A dramatic case history demonstrates how substance abuse affects not only the user, but the whole family as well. Combining animation and candid interviews with a teenage brother and sister, this film is a powerful "from one kid to another" message that weighs the highs that the brother experienced against what he lost as a drug addict: self-respect, family trust, and friends who cared. *MTI Film and Video.*

When Your Parent Drinks too Much *(1987, 27 mins., 16 mm/video).* Most children of alcoholics feel isolated and alone; other feelings accompany the "disease of denial" such as anger, humiliation, and helplessness. In order to help children of drinking parents, this film portrays three different family situations and the ways in which children involved handle the disease. Study Guide. *MTI Film and Video.*

Women, Drugs and Alcohol. *(1980, 21 mins., 16mm/video).* Women's growing dependence on and addiction to legal drugs and alcohol is presented. Film examines doctor/patient relationship in the prescribing of drugs, early signs of abuse, alternatives for coping with stress and conflict, and the need for support systems when confronting the issue of drug or alcohol abuse. *MTI Film and Video.*

Video/Film Distributors

Channing L. Bete Co., Inc. (800/628-7733)
200 State Rd., South Deerfield, MA 01373

Children of Alcoholics Foundation, Inc.
(212/754-0656)
P.O. Box 4185 Grand Central Station
New York, NY 10163

Guidance Associates (914/666-4100)
P.O. Box 3000, Mount Kisco, NY 10549

Media Projects, Inc. (214/826-3863)
5215 Homer St., Dallas, TX 75206

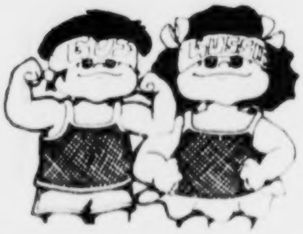
MTI Film and Video (800/621-2131)
108 Wilmot Rd., Deerfield, IL 60015

Select Media (212/431-8923)
74 Varick St., Third Floor, New York, NY 10013

Sunburst Communications (800/431-1934)
39 Washington Ave., P.O. Box 40
Pleasantville, NY 10570

David L. Giveans is nationally known for his reviews of current films and videos focusing on a wide variety of parenting and related issues. He has coordinated a Video Theater for leading parenting and educational conferences including three national events for the Family Resource Coalition. David is also an author, lecturer, publisher, and consultant in early childhood education.

School-Based Programs & Curricula



Growing up Strong (GUS)

The University of Oklahoma
Center for Child and Family Development
555 Constitution St., Room 221
Norman, OK 73037-0005   405/325-1446
Ann O'Bar, Associate Director

This curriculum is designed to develop strong mental health in preschool and elementary school children, tailored to their specific developmental levels and interests. GUS believes that the best way to prevent drug abuse, and a number of other problems that can develop in older children, is to enhance self-esteem and to help every child develop positive habits, attitudes, and life skills as early as possible. GUS is used as an integral part of a total early childhood curriculum; its features include classroom activities, teacher information, family involvement, GUS and GUSSIE dolls and puppets, resources, and information on evaluation, screening, and assessment. Exercises, role-playing, and a variety of discussion topics are handled in culturally, ethnically, and racially sensitive ways. GUS promotes a productive teacher-child-family relationship through meetings, open house get-togethers, and particularly through a series of activity and information sheets sent home to parents weekly. Spanish Bilingual* and Native American supplements of the GUS program are also available.

It's Elementary

National Association for Children of Alcoholics
(NACoA) 31706 Coast Highway, #201
South Laguna, CA 92677   714/499-3889

It is estimated that there are 28.6 million children in the U.S. who are affected by parental alcoholism; of these 6.6 million are under the age of 18. Because the home life of these children affects their ability to learn and perform academically and socially in the school environment, NACoA has developed the National Elementary School Project for Children of Alcoholics titled *It's Elementary*. OSAP and the U.S. Department of Education have cooperated with NACoA in sponsoring this project which assists school staff. Components of *It's Elementary* include: Marvel Comics posters, a Spiderman comic book for children (produced in cooperation with the National Committee for the Prevention of Child Abuse); a guidebook, *It's Elementary: Meeting the Needs of High-Risk Youth in the School Setting*, designed for teachers, administrators, and counselors; and a school/community-based training film and training programs. NACoA operates a clearinghouse, produces a quarterly newsletter, and sponsors regional and national conferences annually.

Star Parents: Skills for Effective Parenting

IRI/Skylight Publishing, Inc.
200 E. Wood Street, Suite 250
Palatine, IL 60067   1/800-922-4474

The two-part Star Parents program introduces a basis for strong teacher-student-parent teams. Its first step is a Training Manual (K-14) for a school or district trainer to use with parents. The book's information and ideas help students become responsible decision-makers and thinkers who can sort out problems, analyze possible solutions, and build a healthy, substance-free lifestyle. For parents and teachers who have first completed the training program, the Parent Booklet offers an active learning approach for practicing and using their skills and strategies at home. In addition, the Star Program offers training and materials for three student age groups: Early Stars, focused on helping students say yes to foods and activities that are healthy; Team Stars, helping students work together cooperatively at stages when peer pressure is at a peak; and Star Choices, providing older students with facts about substance use and abuse and practice in dealing with tough situations that involve alcohol and other drugs.

Common Sense: Strategies for Raising Alcohol- and Drug-Free Children

1/800-225-5483

A partnership of the National PTA and the GTE Corporation has developed a prevention program that spotlights specific ways parents can minimize the risk that their children will become involved with alcohol and drugs. Designed for use by PTAs and like groups to educate parents of children in grades 3-6, the program focuses on three areas: building strong bonds to family and school; establishing rights, rules, and limits; and providing children with good parental role models. The program kit contains instructions for organizing and conducting four interactive meetings, and strategies for leaders to use in getting parents and others involved in drug prevention. PTAs can receive one kit free by calling 1/800-225-5483; civic, community, or other parent teacher organizations can obtain a kit for $44. Selected materials from the kits have been translated into Spanish.*

Project STAR

9300 Ward Parkway, P.O. Box 8480
Kansas City, MO 64114   816/966-3601
Dr. Calvin C. Cormack, Executive Director

This alcohol and other drug resistance program, funded and administered by the Ewing Marion Kauffman Foundation, is a 13-lesson curriculum taught by selected teachers in all metropolitan Kansas City public and private schools. STAR strives to teach students to recognize the factors that influence them to use alcohol and other drugs, and to help them develop the skills needed to resist those influences. Project STAR is also being taught in more than 50 percent of the middle schools throughout Missouri and Kansas, in several Colorado schools, and is being piloted in Washington, DC. Project STAR believes prevention strategies need to go beyond school-based curricula and aids local, state, and national efforts to influence social policy change; offers technical assistance to developing programs; and promotes healthy communities through its STAR Connections and STAR Baseline programs.

Publications

Families InTouch

The Parents InTouch Project
343 Dodge Avenue   Evanston, IL 60202
708/864-5660   Mr. Lewis Koch

Written by an award-winning family author, scriptwriter, and columnist—Joanne Barbara Koch—this 6-book series helps *parents* understand and adapt information on alcohol, drugs, sex, and AIDS to their own value system and their own children. There are three age groups involved: 5-7, 8-10, and 11-15. Each group has two books—one for parents to read themselves, and one for parents to read with their children. The format is lively, interactive, and the graphics warmly reflect a variety of ethnic families. FIT reinforces children's self-esteem and teaches them to distinguish between healthy and unhealthy choices in the problematic issues of avoiding alcohol and other drug use, premature and inappropriate sexual activity, and AIDS. For parents who experience difficulty discussing these subjects with their youngsters, the books help them "rehearse" beforehand. Initially launched by DASA throughout Illinois (see page 17), more than a million Families InTouch books ($10 for a set of two) are in use across the country (a Spanish* language version is also available). New on the market, also modestly priced, is a school-based package of Instructor's Guides and Student Journals for each of the age groups. Discounted bulk quantities are available. The program's certification by OSAP makes the books eligible for purchase using federal Drug Free School funds.

Fatal Attraction: The Selling of Addiction

Center for Media and Values
1962 Shenandoah Street
Los Angeles, CA 90034   213/559-2944

"We cannot make progress in reducing our society's drug problem until young people understand how the addiction merchants are using the media to manipulate them." That's the message of articles and action ideas in the spring/summer 1991 issue of Media&Values magazine that makes the connection between media messages about alcohol and cigarettes and the addictive lifestyle they sell. One article points out the marketing ploys used to attract ethnic and minority groups, and another helps teachers and kids analyze the subtle techniques of advertising copywriters. This issue is another in the Center's efforts to teach media literacy. The next step, available in early 1992, is their new *Selling Addiction: A Workshop Kit on Tobacco and Alcohol Advertising*, designed as a curriculum resource for schools, churches, youth groups, and community centers, with a videotape, lesson plans, handouts, evaluation forms, and further resources.

Continued

Culturally Specific Resources *

Office of Minority Health Resource Center
U.S. Department of Health & Human Services
Public Health Service, P.O. Box 37337
Washington, DC 20013-7337   1/800-444-6472

OMHRC maintains information on health-related resources—available at the federal, state, and local levels—that target Asians and Pacific Islanders, Blacks, Hispanics/Latinos, and Native Americans. Information Specialists handle calls from consumers and health professionals, referring requests to appropriate organizations, locating relevant materials, and identifying sources of technical assistance. Their database includes sources of free or low-cost services, and a network of professionals who provide expert technical assistance to minority community-based organizations, volunteer groups, and individuals. A series of fact sheets entitled "Closing the Gap" shows the health disparity between minorities and non-minorities, describing the extent to which specific groups are affected, avenues of prevention, and sources of additional information.

COSSMHO: The National Coalition of Hispanic Health and Human Services Organization
1501 16th Street NW, Washington, DC 20036
Gloria Martinez, Program Ass't   202/797-4343

COSSMHO has developed a package of three bilingual booklets to be used as a classroom or home supplement to a drug prevention program. *Dile que no! Just say no!* (for children), and *Ayudando a sus alumnos a decirle que no, Helping your students say no* (for teachers and for parents). Upbeat, visually appealing, educational, and motivating through celebrity messages from Linda Ronstadt, Edward James Olmos, and Gloria Estefan, these booklets contain games, music, puzzles, etc. geared to helping youngsters with a Stay smart! Don't start! approach. Individual and bulk copies available.

Institute on Black Chemical Abuse, Inc.
2616 Nicollet Avenue
Minneapolis, MN 55408   612/871-7878

IBCA addresses alcohol and drug abuse in the black community, providing direct services locally and training and consultation nationally. Their special expertise in the cultural aspects of chemical dependency is used in developing counseling strategies, assessing community service needs, and prevention planning. Individual and family counseling, home-based services, outpatient treatment, aftercare, and a family violence program are among IBCA's services. A variety of technical assistance services are available: a Resource Center collects, disseminates, and produces publications and information on black chemical abuse; and an active Volunteer and Intern Program attracts students and professionals for extended training, and options for community involvement.

Government-Related Information Sources

NCADI, the National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345 Rockville, MD 20852
1/800-729-6686 or 1/800-SAY-NO-TO (Drugs)

NCADI is the national center for citizen information and resources on every facet of alcohol and other drug abuse. A phone call connects you with a specialist who can do a database search; mail grant announcements and application kits; take a subscription for *Prevention Pipeline*, the bi-monthly newsletter about prevention research, resources, and activities; and inform you about a free audio-visual loan service. A Publication Catalog, printed twice yearly, lists free posters, fact sheets on individual drugs, booklets, and statistics; data for prevention program planners, health care providers, and educators; and materials on treatment and rehabilitation, racial and ethnic minorities, the elderly, women, youth, AIDS, workplace programs, etc. In addition, the Catalog publishes a list of the state RADAR (Regional Alcohol and Drug Awareness Resource) Network Centers which consist of state clearinghouses, specialized information centers of national organizations, and the Department of Education Regional Training Centers. NCADI talks to 17,000 callers each month. In response to questions that recur frequently, they have developed a new series of Resource Guides for specific groups that include high school students, preschoolers, African Americans, Hispanics/Latinos, Pregnant and Postpartum Women; topics include Rural Health Issues, Prevention Curricula, Community Action Fundraising, et al. NIDA (National Institute on Drug Abuse) materials are also distributed by NCADI.

OSAP: The Office for Substance Abuse Prevention
U.S. Department of Health & Human Services
5600 Fishers Lane, Rockwell Bldg.
Rockwell, MD 20857   301/443-0369

- Promotes and distributes prevention materials (posters, brochures, resource kits for parents, youth, and teachers; directories; program descriptions) throughout the country.
- Develops materials and disseminates information from its database (at NCADI) on prevention, intervention, and treatment for a variety of audiences.
- Provides continuing education training for professionals in health and health allied fields, and multicultural training workshops for professionals, parents, and youth.
- Supports community-based prevention programs through grant programs and on-site consultation.
- Supports the National Clearinghouse for Alcohol and Drug Information (NCADI) and the Regional Alcohol and Drug Awareness Resource (RADAR) Network (see NCADI).
- Develops partnerships with a variety of local, state, and national organizations to ensure a comprehensive approach to addressing alcohol and other drug problems.
- Sponsors a multi-year, public education program, "Be Smart! Stay Smart! Don't Start!" targeted to preadolescent and teenage audiences.

The Federal Drug, Alcohol, and Crime Clearinghouse Network

As of August 15, 1991, anyone in the U.S. can call 1/800-788-2800 and immediately access any of seven federal clearinghouses and information centers focusing on alcohol and other drugs. The Department of Health and Human Services, the Department of Justice, the Department of Housing and Urban Development, and the Department of Education have established this network which serves as a single point of entry for all federal alcohol and drug clearinghouses addressing the following topic areas: alcohol and other drugs information and prevention; drugs and crime; drug abuse treatment; drug-free workplace programs; alcohol and drug abuse prevention in public assisted housing; AIDS, drug abuse, and prevention; and criminal justice issues on the national and international level.

Parent Education Programs

Discovering Normal: A Parenting Program for Adult Children of Alcoholics and their Partners
Children of Alcoholics Foundation, Inc.
P.O. Box 4185, Grand Central Station
New York, NY 10163   212/754-0656
Irene Bush, Director of Parenting Project

Having been affected by familial alcoholism, adult children of alcoholics often need help in learning how to raise their own children and to become effective, confident parents. The new curriculum from COAF, *Discovering Normal*, is designed to strengthen such families. Material is presented in a small group format to be facilitated by one or two group leaders, the course to be presented over 6 or 10 weeks, each segment lasting 1 1/2–2 1/2 hours. *Discovering Normal* has been tailored for ACOAs who may not have had parental role models, and who, as a result, may be unsure, overly rigid, or punitive. The program helps these parents understand that their children develop within a range of normal, and there is no way to predict a particular child's physical or emotional development. The needs of both parent and child must be met and positive communication established to ensure a balanced family life. The program can be put to use in family and child serving agencies, alcoholism treatment agencies, and parent support centers.

Preparing for the Drug Free Years
Developmental Research and Programs, Inc.
130 Nickerson, Suite 107
Seattle, WA 98109   1/800-736-2630

This program is a risk-focused workshop for parents of children in grades 4–7. At the same time it helps parents understand the widespread dangers of teen drug abuse, it also empowers parents to develop an action plan to keep the family drug-free. Based on the extensive research of Drs. David Hawkins and Richard Catalano at the University of

Washington. *Preparing for the Drug Free Years* is a prevention program combining live presentations by local workshop leaders with video instruction, skill building, and practical demonstrations in 5 2-hour sessions:

- Getting Started: How to Prevent Drug Abuse in Your Family
- Setting Guidelines: Developing a Family Position on Drugs
- Avoiding Trouble: How to Say No to Drugs
- Managing Conflict: How to Express and Control Anger
- Including Everyone: Strengthening Family Bonds

A 142-page *Family Activity Book* gives parents a written record of the program content, worksheets for important tasks, agendas for family meetings, and exercises to extend the program as an integral part of family life. *The Leaders' Guide* is for educators, medical, social, and human service workers, and school and civic group leaders who will then conduct parent workshops. *A Workshop Leaders Guide* is used in conjunction with the programs, videotapes, and *Drug Free Years Curriculum Kit*. *The Drug Free Tool Kit* provides marketing materials, incentives, and a planning guide for promoting workshops.

Families for Prevention

Experience Education
4944 S. 114th St. Omaha, NB 68137
1/800-477-4236
William Horner, President

The major component of *Families for Prevention* is a 40-minute videotape for parents of 3rd graders to view in their own homes (audiotapes are also available for those who need them). The tape combines a 20-question test—to be scored by the parents—that helps families assess their children's risk for drug use, with tips for parents on how to deal with children more effectively to avoid alcohol and other chemical dependency in later life. For those families who find their risk scores high, an accompanying pamphlet lists local and national help numbers to phone for information and resources. The tape is narrated by celebrity dancer, Ben Vereen, and is interspersed with advice and research information. A school package consists of 30 videos, 8 audiotapes, 5 classroom posters, 5 program guides, and pamphlets for parents. *Families for Prevention* is also available in Spanish. •

Talking with Your Kids about Alcohol (TWYKAA)

Prevention Research Institute
629 N. Broadway, Suite 210
Lexington, KY 40508 606/254-9489
Terry O'Bryan, Executive Director

Parents worry about *all* drugs, but more and more parents are learning that the drug most often used by teens is alcohol. Studies show that kids have seen 100,000 beer commercials before they reach legal drinking age, and the success of their parties is often measured by how much alcohol is consumed. The leading cause of death among teens is alcohol-related motor vehicle accidents. But even talking about alcohol makes many parents anxious, so TWYKAA teaches them what to say and how to say it. A nationally recognized and evaluated prevention program, TWYKAA uses parents as the primary prevention force in their kids' lives, and believes parents have the right and the responsibility to learn the facts about alcohol and communicate them to their children. The TWYKAA program is for the parents of any age child who is not chemically dependent. The goals of the course are to increase abstinence, delay age of onset, and decrease use. The program is taught in 4 2½-hour sessions; more than 1400 instructors have been trained in the 4-day workshops to teach groups of 15–20 parents in their own community or school district. Both didactic and experiential, the course empowers parents to set clear expectations and consequences about drinking. TWYSAA, Talking With Your Students About Alcohol, is a school-based version of the program.

National Programs that Organize and Train Parents and/or Children in Prevention Strategies

National Families in Action

2296 Henderson Mill Road, Suite 204
Atlanta, GA 30345 404/934-6364
Sue Rusche, Executive Director

NFIA's thrust is in arming ordinary citizens with accurate information about the harmful effects of drug abuse, and empowering them to organize and take action to bring about positive change for their families and communities. Central to all NFIA's activities is its National Drug Information Center, currently housing some 500,000 documents on drug abuse. The staff provides written materials, phone consultation, referrals for treatment, public speakers, and public policy statements on issues around drug abuse and prevention. The Center also serves as a RADAR site, providing support, guidance, and linkage for neighborhood groups. NFIA publications include a step-by-step guidebook, *How to Form a Families in Action Group for Your Community*, and *Crack Update*, a brochure outlining the effects of crack/cocaine abuse. *Drug Abuse Update for Kids* is being developed as are *Updates* on 25 different drugs of abuse. NFIA's drug education curricula, *You Have the Right to Know*, is designed to help families in public housing organize drug prevention groups. Under a grant from OSAP, the first one in its series, *You Have the Right to Know: Cocaine*, is now available.

National Federation of Parents (NFP) for Drug Free Youth

9551 Big Bend St. Louis, MO 63122 314/968-1322
Phyllis Dettman, Executive Director

NFP, now 11 years old, aids in the formation and support of local parent and youth groups, and provides training to secondary school students. Each year, through their REACH America and LIFERS programs, 10,000 14–19-year olds learn about chemical dependency, how families are affected by the drug culture, drugs and crime, and the dangers of drug abuse. A 2-day REACH America training seminar helps students acquire leadership skills and prepares them to present lectures, demonstrations, and skits to younger students. LIFERS, the newest NFP program, works with 7th and 8th graders through a process of refusal skills, problem solving, drug fact and education, and peer support. The Parents Involved program trains parents for leadership roles in their communities. As members of task forces, advisory committees, and parent organizations, they can participate as learners and/or achieve trainer-of-trainers competency. NFP's National Red Ribbon Campaign is a once-a-year effort to create awareness concerning alcohol and other drugs and mobilizes community coalitions to implement prevention strategies.

PRIDE (Parent Resource Institute for Drug Education)

50 Hurt Plaza, Suite 210
Atlanta, GA 30303 404/577-4500

PRIDE is devoted to drug abuse prevention through education. Their programs reach parents and youth at home, in school, and at the workplace, and advocate a community approach to solving problems:

- The PRIDE Questionnaire, geared to students in grades 4–6, 6–12, and college, is used to determine the scope of a community's adolescent drug use, and to plan prevention activities and education.
- The Parent to Parent Program is a video-based, 8-module training workshop taught in small, interactive groups. The program uses trained local facilitators who tailor the workshops to specific community needs, offers a Leaders Guide, provides Student Kits, and publishes a promotional newsletter.
- PRIDE sponsors an annual World Drug Conference (1992 in Houston, Texas, April 30–May 2), spotlighting innovative and successful drug abuse prevention programs.
- America's PRIDE is a musical performance that examines the causes and prevention of drug use by children and youth. Students aged 15–18 years learn singing, dancing, drama, and public speaking from 18–19 year old trainers who prepare them to help other young people be drug-free.

Project CODE (Collaboration on Drug Education)

Community Connections, Inc
3516 Tony Drive San Diego, CA 92122
Karen Knab, Director 619/453-2361

Project CODE trains teams of parents, school staff, and community representatives to become facilitators who in turn train parents in drug prevention techniques, communication skills, and positive parenting strategies. After 60 hours of training (46 hours in the classroom, 14 hours visiting self-help groups and community resources), the teams deliver a 10-hour Substance Abuse Prevention Workshop for families of school-age children at a school site or community agency where they set up referral systems, establish family support groups, and answer queries about drug prevention and intervention. CODE was developed to meet the needs of culturally diverse communities, to include families in an active role, and to bring together the influence of home, school, community, business, and religious institutions. The program is already available in Spanish • with Asian translations due shortly.

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Chicago, IL 60604

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FRC REPORT
Design, JANE R. BROWN
Typography, SKRIPPS & ASSOCIATES
Printing, BOOKLET PUBLISHING CO., INC.

The ***FRC Report*** is published three times a year in the public interest by the Family Resource Coalition, a tax exempt, non-profit organization. Membership in the Coalition includes a subscription to the ***FRC Report***. Readers are encouraged to copy and share its content; we request you credit the Family Resource Coalition as the original source of information.

Founded by Family Focus

ACKNOWLEDGEMENT: Dr. Donald G. Unger has played an active and encouraging role as guest editor for this special focus issue. The combination of his academic and published work in the fields of family support and substance abuse prevention made him a sensitive and invaluable guide in choosing authors, clarifying content, and balancing the variety of programs highlighted in this *FRC Report*. The Coalition is most grateful for Dr. Unger's expertise and enthusiastic involvement.

EDITOR'S NOTE: Looking over my eight years as editor of the *FRC Report* is a wonderful, satisfying experience. I have been personally enriched, as have all of you, by the remarkable people who wrote about what they knew—on many levels, on countless subjects—and by the talented design and print team who made the words come alive. Together we moved the *Report* from a fledgling newsletter to a mature publication with a national reputation. It's been an exciting time! Kathy Goetz, the Director of Publications, takes over as editor with the next *Report*. **—J.S.**

FAMILY RESOURCE COALITION

report

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SPECIAL FOCUS

RURAL FAMILIES

Illustration: Bill Harbinson

by Judith K. Chynoweth and Michael D. Campbell, Ph.D.

Towards a Rural Family Policy

Most Americans have an image of the rural family, originating in cultural mythology, popularized by novels, television, and "Prairie Home Companion." We imagine a mother and father, four or more children, and grandparents, living on the family farm or running a small-town business. They have their troubles—sickness, death, hard times—but they are strong. Family members support one another, and rely on the wisdom of their elders. A supportive community, surrounding natural beauty, and spiritual strength all combine to help families through troubled times.

If only this image were true, there might be no need for a rural family policy. Yet, for policymakers, cultural mythology must give way to cruel reality, as glimpsed in this recent news story:

MORGANTOWN, W. Va., March 7 (AP) — An 11-year-old boy's feet had to be amputated after he and his father were found on Wednesday living in a remote area in an abandoned bus. Their only groceries were bottles of ketchup and mustard. The father, Douglas K. Roupe, 44 years old, was charged with felony child neglect Friday . . . Mr. Roupe told authorities that the State Department of Health and Human Resources had refused his requests for help beyond giving him food stamps . . . [He] indicated that he received $60 in food stamps two months ago.

How should public policy respond to these human needs? Family policymaking—as evidenced by the President's recently established Commission on the Urban Family—has focused largely on issues of survival in the central cities. However, new studies show that many rural families also are in deep trouble.

How do we offer help to rural families without undermining an ethic of independence and self-sufficiency? Which policies will work? Who should receive aid? How much help is enough? When must the role of the state change from aiding families to protecting children from their parents?

A report issued by the Population Reference Bureau (O'Hare and Curry-White, 1992) found that nearly one-quarter of America's underclass population is located in rural areas. The authors defined the underclass as adults who: (1) have not completed high school; (2) receive public assistance; and (3) if female, are never-married mothers, or, if male, are long-term unemployed. Unlike the urban underclass, which is equally distributed across the four census regions, 65 percent of the rural underclass is concentrated in the South. The study also found that the "rural poor are more likely than the urban poor to be long-term poor — a central component of the underclass concept."

A recent Children's Defense Fund report on children in rural America (Sherman, 1992) found that child poverty is actually higher for rural children (22.9 percent lived in poverty in 1990) than for non-rural children (20.0 percent). Rural children are slightly more likely to be from two-parent families, but are still poorer, less healthy, less educated, and generally worse off. [Editor's Note: see Sherman's article on rural children on pages 12 and 13 of this issue.]

Much of the trouble rural families face has to do with faltering rural economies. While most poor rural families with children have one or more workers, these workers in many cases only manage to work part-time or for part of the year. Also, wages for rural service and manufacturing jobs are less than three-fourths of metropolitan levels. (Only one in 11 rural jobs these days is on a farm.) Consequently, CDF reports, one in three rural poor families with children cannot escape poverty even though the head of the household works full-time throughout the year.

Health is a major concern for rural families, in part because low-wage jobs usually don't provide health benefits, but also because there is less available care. The CDF study found that rural areas have half as many physicians per capita as metro areas, and 42 percent of rural children have not visited a doctor for at least a year. In addition, rural families usually must drive long distances to use the available health care.

Rural families are handicapped by educational systems that offer a narrower range of courses and programs than metropolitan area schools, and have higher dropout rates. The best-educated youths–the very people needed to revitalize the rural economy—tend to leave for better-paying jobs in the city. This "brain drain" magnifies the trend toward impoverishment and isolation in rural communities.

Facts Behind The Statistics

But statistics don't tell the full story. They don't reveal overlapping problems within the same family. They also mask the chain-reaction nature of family problems. The troubles of the West Virginia father and son reported above will be counted as individual statistics for 1992 in separate databases on welfare application, food stamp receipt, homelessness, indigent health care, child neglect, and child disability. But policymakers will be unable to combine these data to track how each problem led to another.

Finally, the numbers don't show the

connections among the individual, the family, and the community. In a rural town in economic decline, problems multiply. When discouraged rural families leave small towns at record numbers, those remaining may need outside help. But accepting help, in the form of welfare, often stigmatizes rural families. By the time a young man is 10 or 12 years old, he hates the system that helps him, and hates himself and his family for having to rely on it.

Rural families become "at-risk families" due to a complex tangle of life events, family member characteristics, and the limited ability (both real and perceived) of the rural environment to provide support and opportunity. Social service systems are not yet geared to measure or address these interrelated problems. The technology for dealing with multiple, intergenerational problems is just developing.

States Take the Lead

Increasingly, state governments are taking the lead in developing and implementing policies that respond to the needs of families, not just individuals. Within the last two years, ten states have begun to assess the well-being of families as a result of their participation in the Council of Governors' Policy Advisors' Family Policy Academy (Chynoweth and Dyer, 1990, 1991). At least half of these states—Arkansas, Colorado, Iowa, North Dakota, and Washington—are giving special attention to the needs of rural families. Seven more states—Arizona, Georgia, Hawaii, Indiana, Nevada, Ohio, and Oklahoma—most of which have large rural populations, have just begun to participate in a second round of the CGPA Family Academy.

Policymakers are clearly concerned about strengthening rural families. What they need is a framework for developing their policies. We propose the following framework based on the Family Academy model (Chynoweth and Dyer, 1991) and the experiences of several leading states.

1. Understand Family Functioning in Its Community Context

If we define a family by what it does—not by its structure—rural families are not much different than suburban or urban families:

A family is a group of people, related by blood or circumstances, who rely upon one another for security, sustenance, support, socialization and stimulation.

Family policymakers, however, must recognize the complex interplay of conditions and circumstances that affect family functioning. For example, the culture and values of rural communities may cause families to respond differently to problems and opportunities than do their urban or suburban counterparts. Values often associated with rural families and communities include:

Placing a high value on self-sufficiency, self-reliance, and independence. For example, in rural areas with a declining farm economy, the family may take many difficult steps before they seek outside assistance, economic or otherwise. First, the wife will find off-farm employment. Next, the husband will seek off-farm employment, often commuting some distance or being away for months in the off-season. If those steps don't improve the economic situation, the family may lease the farm and move to a regional center.

A sense of pride and a reluctance to rely on government programs. With an attitude of "this is family business—don't intrude," many rural families are willing to get by on less, rather than seek services. This is especially true when it comes to "welfare." Many families would rather feed their kids pinto beans twice a day than sign up for food stamps. The Home Instruction Program for Preschool Youngsters, or HIPPY, found that families in some Arkansas communities threatened to quit the program if it continued to be described by the media as a program for welfare recipients. Some families would not go to the Jobs Training Partnership Act office to become qualified for HIPPY because it was seen as a "welfare office."

But all rural communities are not the same. Other rural communities may have different attitudes and values which may include **a lack of pride or almost no sense of self-sufficiency.** In areas where a history of seeking and accepting help has been encouraged and accepted as a part of survival, an opposite pattern may occur: families may not see their own strengths. Facing a long history of discouragement and an obvious lack of opportunity, many family members may no longer bother to try.

Rural communities furthest from state population centers have another problem that greatly affects family functioning: isolation. Families are isolated from information, new experiences, and options. Isolation affects family functioning on several levels. First, families may not know that help is available or how to get it. On a deeper level, families may not be exposed to new ways of solving problems for themselves. Despite radio and television, helpful ideas aren't usually transmitted through the airwaves. Even when families do seek help, their choices are extremely limited.

Lack of access to services is cited by policymakers as the most serious barrier to strengthening rural families. In smaller states, families may have to travel an hour or so to the county seat for welfare or mental-health services. The trip is often complicated by a lack of public transportation. As more rural families have dual wage earners, it is harder to find a volunteer to drive. In larger states, the round-trip drive may take a full day. Outreach service centers often exist, but may be open only one day every other week. Also, the trend continues toward consolidating existing rural services in health and education. Small rural hospitals are closing. The consolidation of rural school districts may mean better course choices for students, but also longer bus rides and more time away from family.

Finally, lack of services can translate into lack of awareness of a problem. For example, alcoholism often goes unrecognized and untreated in rural areas. Mental-health problems in young children go unaddressed unless they worsen.

These cumulative circumstances make it hard for rural families to advance. As one state policymaker put it: "It's so much easier for them to 'get by' — do what they have always done."

2. Assess family well-being

It is difficult for state policymakers to assess family well-being using just available statistics. Assessing rural family functioning may be even more challenging, since existing databases on community demographics or health status, for example, may not be broken down to the rural community level.

Some supplemental data-gathering techniques, such as focus groups and community forums, are fairly inexpensive ways to assess how families are doing in rural areas. As a part of its second-round Family Academy, CGPA has conducted a series of focus groups in two states, including both urban and rural areas. Though the information gathered is informal and not statistically valid, it has been extremely enlightening to state policymakers. For example, the group discussions revealed the great extent to which many poor rural families rely on neighbors to share tools, transportation, childcare, and other essentials for family survival. However, newcomers in rural areas may not be admitted to these sharing networks for years. The groups also revealed the strong and constant fear on the part of working poor families that a member will suffer a serious injury or illness—an event that, because of a lack of health insurance, could force a family to use the much-despised welfare system.

3. Determine Family Policy Goals and Objectives

While policymakers may desire the same outcomes for all families—families that function well and are healthy, safe, and self-sufficient—they highlight three policy goals as critical to improving rural family well-being:

- improve rural families' access to services, particularly health care;
- support family and community self-sufficiency; and
- reduce rural isolation, particularly through education and leadership development.

4. Choose Strategies for Success

States are developing creative strategies for accomplishing these family policy goals. Some of those currently implemented include:

- Improving access to health care through a range of strategies designed to ensure payment for health services (through the Medicaid program or state-funded health insurance); and increasing the availability of physicians and primary care, often in new settings such as schools.

- Supporting community self-sufficiency through the provision of small grants and technical assistance to help communities plan for improvement. Some strategies, such as in North Dakota, are focused on economic development outcomes for the community—increasing family-wage jobs, for example, or diversifying the agricultural economic base of a small town. Others, as in Arkansas and Colorado, are aimed at the creation of family resource centers that will assess, plan for, and meet family needs, such as childcare or parent education, on an ongoing basis.

- Reducing isolation through the development of a telecommunications system in rural areas to strengthen both K-12 and adult education teacher training and programs. A team of Idaho state policymakers, for example, is discussing a plan to bring interactive teleconferencing to rural areas by expanding schools into rural community centers.

Regardless of the particular goals, objectives and strategies they choose, however, family policymakers tend to agree on four critical factors in designing and implementing family policy. First, the unique values and characteristics of rural areas must be respected and taken into account. Second, special care must be taken to involve rural communities in the assessment of their family problems and the design of their solutions.

Third, strategies must be collaborative and integrated. Fourth, rural communities should agree to be held accountable for achieving outcomes which advance their plans.

The rural family may never embody our image of the rugged rural past—that is not the challenge. Rather, state and local policymakers must find ways to support families in their quest for self-sufficiency and improved well-being in a changing rural environment. They will have to consider the diversity of rural families and communities; find new means to assess family well-being; define clear, measurable policy objectives; design strategies that are both plausible and feasible in rural areas; and learn to work collaboratively toward solutions. If we as a society meet these challenges, we are doing more than salvaging our heritage. We are nourishing the very roots of our future. ■

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The authors would like to thank Ann Camps in the Arkansas Governor's Office and Janis Cheney in the North Dakota Governor's Office and their staffs who graciously shared their ideas and experiences with us in the preparation of this article.

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MONTANA: Council for Families Collaborates for Prevention

■ by Jean Kemmis

"How do you approach family support in a state with only one congressional seat which stretches a length equal to the distance between Washington D.C. and Chicago?"

Most people's image of rural America isn't rural enough to describe Montana. Perhaps the word "frontier" more aptly describes the mountains and prairieland of this remote north country. And while Time magazine last fall reported a recent influx of the glamorous movie-star set to this "Last Best Place," most Montanans struggle just to maintain a per-capita income that's already among the lowest in the nation. How do you approach family support in a state with only one congressional seat which stretches a length equal to the distance between Washington D.C. and Chicago? The Montana Council for Families has used collaboration and consensus-building to slowly, but deliberately, move its agenda for prevention forward.

The Montana Council for Families was formed in 1990 through a merger of Montana's two non-profit child abuse prevention agencies—the Montana Committee for the Prevention of Child Abuse and Parents Anonymous of Montana. With Montana's Children's Trust Fund providing only $40,000 a year for child abuse prevention throughout the entire state, the Montana Council recognized the need to take an interdisciplinary approach to family support.

First the Council worked with the Montana Department of Family Services to shift its policy from a single, prevent-child-abuse focus toward comprehensive, across-the-board strategies for strengthening families and preventing a full range of child, youth, and family problems.

During the 1991 Montana Legislative session, the Council successfully lobbied for the creation of a subcommittee on children and family services to study aggressive interagency coordination as a better way to serve children and strengthen fragile families. The subcommittee is mandated to investigate the Hawaii "Healthy Start" Program, the keystone for the new Healthy Families America initiative of the National Committee for the Prevention of Child Abuse.

In the meantime, the Montana Council has taken a number of steps to educate, build consensus, and begin changing Montana's human services delivery system. The Council helped draft a widely-supported proposal for a "Family Policy Act" which will be introduced in the next legislature. The Council, joining forces last year with the Cooperative Extension Service, substance-abuse-prevention agencies, and others, helped to create the Prevention Assistance Team, a community development organization working to "create the conditions and foster the personal attributes that promote the well-being of people." With funding and excellent training opportunities available through the federal Office of Substance Abuse Prevention, this group hopes to combine professional know-how with community resolve. A sub-group of the Prevention Assistance Team made up of state government officials and representatives from private sector organizations formed as the State Caucus, a forum for discussion on the issue of collaboration at the state level. Its goal is to develop strategies which will promote prevention in communities.

Right now, the Montana Council—through a grant from the Meyer Memorial Trust—is building a family-support database and clearinghouse that can electronically transmit information to the satellite training centers of local affiliates.

"Montana suffers from extremely limited public resources" says Montana Council for Families Vice President Dennis Taylor, "but our advantage is in readily accessible political leaders and social service systems that retain a human scale. We believe Montana is capable of making changes that often defy larger, more complex state systems." ■

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■ **by Christine Vogel**

KENTUCKY: School-Based Family and Youth Centers Provide "Whatever's Needed"

Cordis Smith wasn't expecting anything unusual. As coordinator of the Knott County Family Resource and Youth Service Center in Hazard, Kentucky, he'd recently set up a home repair program. Staffed by local high school students during the summer, it provided the nearly 100 families he served with the opportunity to have needed repair work done at little or no cost. He was just finishing up a visit with one family who'd applied to have some work done. The family had seemed troubled during his visit, but Smith didn't know why.

"As I was leaving, the fellow told me that a neighbor had cut his dog's throat. It was lying on the back porch. 'Could you get rid of my dog?' he asked. So I put the dog in the back of my truck, drove a distance and buried it for him."

Smith grew up around this rural county, a small hollow nestled between two mountains, 15 miles from the town of Hazard and nearly 20 miles from the County Board of Education. He understands the people and, as a result, is rarely thrown by incidents or requests that "outsiders" might find unusual.

A myriad of challenges face those who serve families in these rural Kentucky communities. They are isolated, often miles away from the nearest town, and resources are scarce. Education and literacy levels are low. Unemployment and poverty are high, as a result of the decline of the coal industry. The industry also left a legacy of ruined roads and seasonal flooding, due to the land erosion caused by strip mining, both of which make transportation difficult. "If you live on the wrong side of the creek, you can't even get across the river because there's no bridge," says Natalie Bowlds of the Monroe County Youth Services Center in Tompkinsville.

Despite their need for some of the most basic services, the families in these communities have a great deal of pride— "They don't like anyone to know they can't manage, don't want to be perceived as dependent," says Michelle Metts, Family Resource Analyst for Kentucky Family Resource and Youth Services Centers in Frankfort. Metts, who oversees a 13-county region in southeast Kentucky, says that many families in this area of Appalachia don't have the resources to provide for their basic needs, or they lack adequate transportation to get across the mountains to where the resources are located.

Education Reform Act provides assistance

Yet these and other challenges are gradually being met, due to the General Assembly's enactment of the Kentucky Education Reform Act of 1990 (KERA). It's the first legislation in the country to create a statewide family support initiative as a component of educational reform. In response to KERA, school-related Family Resource and Youth Service Centers are being established throughout the state, designed to meet the needs of economically disadvantaged children and their families, thus enhancing students' abilities to succeed in school. It is expected that by 1995, every school district in the state will have established a center in or adjacent to each eligible school in its district.

The centers are designed to provide services to students and their families through public and private agencies. Their primary purpose is to identify and coordinate existing services within their respective communities. If a service is not in place, the center has the responsibility to set it up. Their overall goal: to marshall community resources in order to help solve the problems of needy children and their families so that at-risk students are less likely to fail or drop out of school.

Nearly $10 million was earmarked to support the first series of centers established during the 1991-92 school year, at about one-fourth of the state's eligible schools. Additional centers will receive funds until all qualified schools have centers, by June 1995. Currently, 133 centers are up and running, each with an average grant of $70,000. In addition, the Annie E. Casey Foundation awarded the Family Resource and Youth Services branch of KERA a grant of $175,000. It was given to supplement the general budget, and to provide greater technical assistance and training to local centers and their staffs.

Family resource centers are located in or near elementary schools and serve children ages 2-12 and their families. Services may include childcare, parent education, and health services, or referrals to such services. Youth services centers are for youth above age 12 and their families and are usually located in or near middle schools or high schools. Services may include counseling for family crises, mental health problems, alcohol and other drug abuse. Centers also provide employment counseling, job training and placement. The centers and their programs operate as a team effort involving the school principal, school counselor, center coordinator, and staff. Whenever possible, they use resources available from businesses within their communities.

Centers develop their programs to fit the needs of the families and children in their service areas. For example, some centers in rural areas may offer adult literacy classes. Others may offer transportation. In order to build a level of trust and help parents feel welcome at the schools (where many have had bad school experiences themselves), center coordinators often make home visits.

Many who are being served by this initiative need a great deal of support. Some children come to school hungry; others can't study because they live in a two-to-three room house with eight or 10 other people. Some have never learned personal hygiene habits; many have never been to a doctor or a dentist; others don't have proper shoes or clothing. Still others have trouble with their school work because no one ever realized that they need eyeglasses.

No one minimizes the challenge, especially for those service providers working in rural communities. Yet many of them have grown up in similar communities and understand the nature of the problems they face. "There's a high level of frustration among those who want to get resources to those who need them," says family resource analyst Terry Conliffe, "but there's also a high level of commitment, energy, and enthusiasm among those in the rural counties of Appalachia."

Serving in the backwoods areas

When Natalie Bowlds pays a home visit, she usually finds herself "way back off on some back road in a holler." Monroe county's population is about 3000; some of the towns only have about 300 residents. Houses are mostly old mobile homes and trailers or dilapidated farm houses. The yards are full of debris and there are all sorts of animals around, both in the yards and in the houses themselves. Bowlds recalls hearing a story — which may be apocryphal— of a home visitor who was bitten by a pig that came running out of one family's house as he approached. The families are often suspicious and distrustful of anyone who isn't perceived as part of their extended family system. "When you [first] go to visit, the families don't invite you in," she says. "They all just come out and stand on the front porch and stare."

Bob East, director of the Lyon County Family Resource Center and Youth Services Program, likes to make himself visible wherever people in his community "hang out, regardless of whether it's the local gas station or a coffee shop." It provides him with opportunities to talk with people casually and helps him stay aware of what's going on, both in the community and with the families he serves.

He points out that illiteracy coupled with a strong suspicion of the government and the school system characterize many of the families he serves in Eddyville, a semi-rural community of about 6,000 located in western Kentucky,about 90 miles from Nashville.

"I function as a combination attorney, social worker, school psychologist and liaison for many of these families. I've filled out social security forms and helped people get government aid. I'm working with parents who didn't have a good experience with education, and they need help communicating with the schools. Because I understand the family systems, I can often tell the schools why a child is doing poorly."

Sometimes the schools themselves can pose problems, especially when entrenched behaviors and values appear to be just the opposite of those being encouraged by the family support movement. One program coordinator recalls observing a service provider talking with two 11-year old boys who'd been fighting. She was getting them to think about different ways of solving problems, when the school principal appeared. Having identified the instigator of the fight, he told the women to call the child's mother and have her come to the school so she could "spank his butt" in the principal's presence—which the mother did. "No one found this unusual," she says, adding that many teachers in the area favor the reinstatement of corporal punishment in the schools.

Yet not all situations faced by service providers in rural areas are of such concern. Bob East, who has a mental health background, says that he tends to do quite a bit of emergency intervention for the families he serves. So when one family phoned several days after Christmas to say they were having a crisis at home, he quickly drove the nine miles to their home. The "crisis" turned out to be a new VCR, which they had received for Christmas, but were unable to program.

Isolation and poverty have prevented many of the families in rural areas of Kentucky from experiencing what others take for granted. Natalie Bowlds says that some of the people she serves in Monroe County have never been in an automobile. And last year, soon after Cordis Smith began his work in Knott County, he drove three children in his area to a center where the Christian Appalachian Project (C.A.P.) helped outfit them with clothes for school. "I bought them dinner afterwards; they were about 11 years old and I thought they'd enjoy it. As we were sitting there, I realized they had never eaten in a restaurant before. They took some plastic cups and napkins as souvenirs."

New experiences

Unfamiliarity and distrust can also make some rural families reluctant to expose themselves or their children to new experiences. "These families are very protective of their children," says Michelle Metts. "They're fearful that outside experiences will cause them to leave. Because the resources are so limited here, many who leave don't return."

Cordis Smith is one who did. At the program center in Hazard, he's done everything from securing free coal and kerosene for families who'd run out of winter fuel to starting GED classes. He's put together food and toy baskets at Christmas and gotten donations of garden seeds and tools so 33 families could plant their own vegetable gardens.

Bob East has helped one family acquire a used car and housed other families in local motels until they qualified for apartments in a housing project. He's worked with the local churches and businesses to coordinate services and ensure that more of the families in the county receive the help they need. In the near future, he'll be videotaping a wedding for one of the families in the county.

As Cordis Smith says: "I'll measure for sheetrock or bury dead dogs — whatever's needed to help."

Christine Vogel makes her debut as staff writer for the FRC in this issue of the Report. *With a background in English, marketing, and psychology, she has been a freelance writer for the past 10 years. Christine also serves on a coordinating committee establishing an "I Have a Dream" partnership between local churches and Family Focus/Our Place in Evanston, Illinois.*

■ by Linda C. Passmark, Ph.D.

OKLAHOMA: Public Health Initiatives to Support Rural Families

A rural and economically-disadvantage state, Oklahoma has tried to make the most of limited resources by taking full advantage of systems already available to all Oklahoma families. County health departments, for example, exist in all 77 Oklahoma counties, 75 of which are considered rural.

Child Guidance Service was established as part of the state Department of Health in the mid-fifties to provide early intervention services for children's psychosocial, developmental, speech-language, and behavioral problems. In 1974 an educational, family-focused prevention program was added to strengthen families by teaching parenting skills.

That Child Development Specialist Program provides education and consultation in development, guidance, and discipline for parents of children under five. Its emphasis is on teaching effective child-rearing practices, reducing stress in parent-child relationships, and enhancing the home environment. The family situation is assessed periodically, and consultation is provided to help parents determine what constitutes appropriate behavior at the different stages of a child's development.

The Child Development Specialists are early-childhood/parent educators who provide services to individual families through groups and workshops, or as a part of other health department clinics such as WIC, Well Baby, Child Health or Adolescent Clinics. Services are also offered in other community settings—such as schools, libraries, churches, Head Start or community centers.

Ten years after the inception of the Child Development Program, the Child Abuse Prevention Act of 1984 created the Office of Child Abuse Prevention, placing it in the Child Guidance Service. A State Interagency Child Abuse Prevention Task Force was appointed, with 17 Child Abuse Prevention District Task Forces.

A State Plan For The Prevention Of Child Abuse is revised biannually. The Plan outlines priorities for local projects, based on community needs and prevention strategies that have already been shown to work. They include:

- Interagency/public-private collaboration
- Public awareness campaigns
- Family life education and family support
- Life skills training for children
- Professional education

In support of these programs, the Prevention and Parent Education Division provides education and resources in the area of parenting and child abuse prevention, holds an annual statewide conference, and provides technical assistance and training for local programs across the state. It also maintains a lending library of parent education and child abuse prevention material.

The Child Development Program and the Child Abuse Prevention projects are dedicated to strengthening family life and parent-child relationships as defenses against damaging social and emotional circumstances. ■

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by Carolyn King

KIDS PLACE–A SUCCESSFUL FAMILY CENTER IN A RURAL INDIANA

The voice on the phone was faint and quavering. "I don't remember who you are, but I know you can help me." A young mother with three children under three years of age was overwhelmed by stress. She had reached the family service worker at Kids Place who immediately connected her with the local mental health center and then sent someone to provide childcare until help arrived.

◆

A teenaged couple, parents for the second time in as many years, stopped by Kids Place with their new baby — all of 14 hours old–to proudly show him to the staff they considered as family.

◆

A grandmother was told she would be given custody of her severely neglected, handicapped grandchild if she could find services in her community. Someone directed her to Kids Place. She returned to court with an extensive individual service plan for her granddaughter.

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Her husband had left her shortly after their youngest daughter was born with cerebral palsy. She needed day care so she could take college classes in a nearby county. She also needed physical therapy for her daughter. She found both at Kids Place, and also found that here she could both receive her WIC vouchers and have her children immunized.

The story of Kids Place is a story of a community trying to solve its own problems by acknowledging the needs of its families, and by working together to build a place for its children.

Scott County, Kids Place's home, is a rural and sparsely-populated county in southern Indiana, where children have consistently been shown to be at risk. According to state statistics, risk factors include:

- A high teen pregnancy rate
- The state's lowest percentage of high school graduates
- A large percentage of families with young children receiving some form of public assistance
- A persistent high unemployment rate

In rural areas these risk factors are often exacerbated by a shortage of services for families. Families who might take advantage of available services often have transportation difficulties. In addition, rural families tend to socialize within a small circle that is familiar and comfortable. They are uncomfortable expressing their needs to strangers in an impersonal setting. Trust comes slowly, and the necessary community acceptance for families to feel comfortable using the program must be earned.

With these risk factors and practical challenges in mind, a group of concerned service providers and family members got together in 1986. They envisioned a single center where public and private services would be available under a single roof. Grouping services together would improve communication between providers and also would reduce parents' transportation problems. Working parents would benefit by centralized day care in the same location, and thereby a reduction in the amount of work time lost when parents had to take children to appointments.

A proposal drafted by New Hope Services, Inc. was passed by the Indiana State Legislature, providing 75 percent of the funding for the building. The rest of the money came from the community itself: parents and service recipients raised more than $150,000 locally to match $375,000 approved through the state legislature. There were bowling tournaments, raffles, roller skating parties, yard sales, concerts, clogging exhibitions, dances, and a piano bench race. Kids Place opened its doors in 1988.

Kids Place is now a comprehensive family-services center, providing a variety of programs under one roof. It works to coordinate other services which meet the needs of young children and their families. Kids Place is owned by New Hope Services, Inc., a private, not-for-profit organization that provides developmental programming and family support for children and adults. The building also houses the WIC program and the County Health Department.

Kids Place's founders wanted the center to convey the message: "Our children are valued." From its colorful building-block exterior to the cheery playrooms to the warm attitudes of staff members, everything about Kids Place is designed to make children, families and community members feel welcome.

Kids Place succeeds because of dedication to a common goal. Agencies put turf issues aside and involved the whole community in the process. An operating principle is universal access: accommodating all children and providing for individualized needs in a comfortable environment. Family members are treated as important partners.

Now in its fourth year, Kids Place continues to thrive. It is one of six community approaches to services for young children which are being studied by the National Center for Clinical Infant Programs. Kids Place has become a model to be studied and replicated by programs around the country. ■

Carolyn King is Associate Executive Director of New Hope Services. She has been with New Hope Services for fourteen years and with Kids Place as long as it has been in existence. Contact her at: New Hope Services, KIDS PLACE, Route 3, Box 9, Scottsburg, IN 47170 812/752-4892.

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by Judith A. Myers-Walls, Ph.D.

Natural Helping Networks: Using Local Human Resources to Support Families

Delivering family life education or family resource programs to rural areas is difficult. By definition, there are relatively few people in rural areas, and they live far apart. So programmers have no economies of scale. Clients have problems getting to programs; public transportation is usually non-existent. What's more, rural residents tend to see themselves as not needing help.[1]

Logistical concerns are only a part of the challenge of delivering services to rural clients. Another is the tendency of providers to try to duplicate in rural communities those program models that work in urban areas. Not only does such an approach violate a basic characteristic of quality programming—the need to program according to the needs and characteristics of the population being served—it may add an additional issue: exporting urban programs often means that the rural programs come under external control for development and administration. Such an arrangement dis-empowers the rural participants. It also conflicts with the tendency of rural residents to focus on "horizontal linkages"—direct social contact and personal interaction—and instead relies on "vertical linkages," which connect the community with outside groups and are based on instrumental function.[2]

Programs that utilize natural helpers in the rural community can overcome many of the barriers created by these issues. Although rural families tend to be either "extended kin-oriented" or "primary kin-oriented,"[3] they value community interaction. As one author has said, "the challenge before us is to develop service delivery models for rural areas which attempt to build upon . . . naturally occurring networks of aid while taking advantage of the technological and human expertise (which) vertically-imposed family service networks can afford."[4]

Natural helping networks have been called many different things,[5] but the common theme is that they are spontaneous and supportive relationships. People help each other without any expectation of direct compensation. Often, within a social network, it is possible to identify central figures or key helpers, people to whom others come for support.[6] These people are rarely in traditional human-service occupations, but are usually visible in the community: the gas station attendant, the barber, the librarian, or the postmaster, for example.

Authors have defined many kinds of support offered by natural helping networks. The five most common and distinct categories of help are: Instrumental support (sharing of such items as money, clothing or food, or allowing others to borrow items); belonging (helping members of the support network know that they are a part of the group); information (providing facts and figures or helping others find them); emotional support (listening to good and bad feelings and validating them); and referral or connection to other networks (sharing contacts with others or helping them find other help).

When natural helpers cooperate with a family resource program to provide those benefits, they do it with minimal transportation costs, because they are already in contact with members of the community. They bring credibility to any position because they are insiders and are known by the community. By lending their insider status, they help programs increase their appropriateness for the clientele, and they can do all these things at low cost because they are usually in the role of volunteers or paraprofessionals.

There are at least four prototypes of programs which have utilized natural helpers:[7]

The first creates "artificial networks" in areas where few exist, or among individuals who are isolated;

The second establishes temporary networks in an attempt to build skills in individuals that allow them to function in a support system;

The third tries to build and strengthen existing networks with minimal interference;

The final type allows the support groups to function as they have been, but tries to link them with formal services or organizations.

A major concern when working with either networks or individual natural helpers is deciding how much training or intervention the professional can introduce without changing the functioning of the natural system. Because of liability issues and desires to program toward specific goals, most professionals would like to provide natural helpers with an orientation or training period. However, if the individuals were chosen for their positions because they were already effective helping others, how much training do they need? On the other hand, if they are are already functioning successfully and know everything they need to know, why should the formal service program become involved at all? Just let them continue to operate!

Although natural helpers bring important skills and instincts to any formal program, most do recognize areas where they need growth. The key to using these natural helpers most effectively is to take the same approach with them that is used in family enrichment programs: Help them identify what it is that they do well, assure them that they were chosen for this position specifically because of their strengths, and offer information, background, and support that increases the resources they have at their disposal.

Three examples of nationally-implemented programs will help to illustrate how this model may be used in rural (and urban) areas. (Because the author is affiliated with the Cooperative Extension Service, all examples provided come from that organization, although other groups also have used natural helpers effectively.)

The Expanded Food and Nutrition Education Program (EFNEP) is funded through the U.S. Department of Agriculture. Its mission is to provide low-resource families in every state with information about food preparation and nutrition. It does so by identifying and training qualified members of the targeted communities (natural helpers). These program assistants visit the EFNEP family homes weekly, until the family has completed the curriculum.

The Volunteer Information Provider Program was conceived at the University of Missouri and implemented around the country by the Cooperative Extension Service.This model trains central figures from interested communities to provide support and referral assistance to adult caregivers of dependent elderly family members.The investment is minimal on the part of the formal agencies, but the potential to reach many caregivers—people who are often very isolated—is great.

The Mentor Mother program model was begun as a system for matching mothers over the age of 21 (natural helpers) with teenage mothers on a one-on-one basis, similar to the Big Sister method. It has been used to support pregnant teens as well, the mentor assisting with prenatal care and acting as a labor coach. Mentoring also has been used to encourage high schoolers to stay in school or develop career skills and aspirations, and to help young men and women avoid becoming parents as teens. This model has been very effective in making a difference in the lives of both the client and the mentor. ■

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The Evolving Role of CES

The Cooperative Extension System (CES), a nationwide educational network founded in 1914, is a remarkable partnership which operates at federal, state, and county levels. CES is coordinated by the U.S. Department of Agriculture, which administers funds appropriated by Congress for use by the states. The System provides program staff (county agents) in virtually every county of the nation. These county agents have historically been and continue to be major providers of services to rural families. At the state level, specialists at the more than 70 U.S. land-grant universities and colleges work with county agents and with 3 million volunteers to develop and deliver research-based programs to people where they live and work.

From 1914 until the mid 1980s, CES had three program priorities: agricultural science, home economics, and 4-H youth development. These priorities, rooted in the needs of an agriculturally-based nation, addressed primarily rural populations that typically consisted of traditional nuclear families. One of the main goals of these programs was to enhance agricultural production and thereby improve the quality of life for farm families, through introducing new technologies. The family was served in its constituent parts: women were taught canning, preserving, and money management through the home economics division; men learned modern farming techniques, and children joined a local 4-H club whose activities promoted leadership and self-esteem. 4-H clubs also served as an outreach vehicle to get the whole family involved in the CES program. Agricultural techniques were introduced in 4-H through competitions (such as who could grow the tallest corn), and CES gained credibility in the eyes of many farmers whose 4-H-taught sons' corn grew taller than their own crops.

As our nation's social context has changed, congressional legislation and citizen involvement in CES have modified and expanded the curriculum. In the late 1980s CES restructured its program priorities. 4-H, agricultural science, and home economics were replaced by the idea of one-year initiatives which would have different emphases in different regions. In Nebraska, for example, these initiatives have been: 1) enhancing water quality, 2) increasing agricultural profitability, 3) strengthening individuals and families, 4) waste management, 5) improving nutrition and health, 6) youth at risk, 7) conserving and managing natural resources, and 8) revitalizing rural communities.

In rural communities, county agents many times are the sole social services delivery system, and these initiatives translate into concrete programs which provide essential information and resources for rural families. For examples of such programs or for more information contact a local county agent or the Communication, Information and Technology Staff, Extension Service, U.S. Department of Agriculture, at (202) 720-4651.

Thanks to Wes Duberkow, Cooperative Extension System, University of Nebraska at Lincoln, and Judith A. Bowers, Public Affairs Group within the Communication, Information and Technology Staff of the Extension Service, U.S. Department of Agriculture for serving as resources for the writing and preparation of this piece.

by Arloc Sherman

Children's Defense Fund Repo

Rural children defy the stereotypes of needy and at-risk children in the United States. Demographically—in their racial and ethnic makeup and family structure —rural children resemble relatively well-off suburban children. But on key measures of poverty, health, education, and access to social services, they are surprisingly like children in inner cities.

"Rural" children refers to the one in four American children, 14.0 million in total, who live outside the Metropolitan Statistical Areas defined by the Office of Management and Budget. Rural communities under this definition are diverse, ranging from small cities to open countryside to Indian Reservations. But they share an isolation from the jobs and services commonly available in the suburbs and central cities of "metro" America.

Rural children are being left behind

Rural children are more likely to be poor (22.9 percent lived in poverty in 1990) than American children overall (20.6 percent) or metropolitan children (20.0 percent). Black, white, and Latino children all are more likely to be poor if they live in rural areas.

Rural child poverty is now higher than it was at any time during the 1970s. Each recent economic cycle of recession and recovery has left rural child poverty, like total national child poverty rates, at higher levels. The poverty rate of rural children was 16.6 percent in 1973, 17.3 percent in 1979, and 22.2 percent in 1989.

Causes include a nationwide wage decline, especially for younger workers, and a widening rural-metro wage gap. Rural earnings per job are now only 73 percent of metro earnings.

Another cause is weakening government antipoverty efforts. Government help is even scanter in rural than in metro areas. For example, AFDC payments per poor family with children in rural areas are about half the metro level.

Some metro residents may think rural poverty is easier to bear because rural living is cheaper or farm food is abundantly available. In fact, few rural families raise their own food or even live on active farms any more, and rural living costs except for housing are essentially the same as in metro areas. Lower housing expenses do not compensate for the differential in rural wages.

Rural children face other disadvantages:

- Rural babies are more likely to be born to women who received late or no prenatal care. Rural areas have only one-third as many obstetric and gynecological specialists per capita as metro areas.

- Rural areas have fewer than half as many physicians per capita. 42 percent of rural children, compared with 33 percent of city and 35 percent of suburban children, have not visited a doctor for at least a year.

- Childcare is in shorter supply in rural areas, rural preschool children are less likely to be in programs with educational content, and rural childcare workers have less education than metro childcare workers.

- Rural students attend poorer schools. In the last year for which data are available (1982), rural communities spent about 10 percent less per student than metro communities—a deficit equal to more than $5,700 for a classroom of 25 students.

- Rural schools have a narrower range of courses and programs, and rural teachers have less experience, less training, and higher rates of turnover.

- Initial high school dropout rates are similar to metro rates. But fewer rural dropouts return to finish high school or get a GED. Combined with the tendency of educated rural youths to move away to metro areas, this leaves a larger proportion of the young rural work force without a high-school degree.

The rural picture is not uniformly worse: Rural babies are less likely to be born at low birthweight than metro babies. Rural communities have lower homicide rates and are more likely to be rated highly by residents as good places to live. The federally-funded Study of National Incidence and Prevalence of Child Abuse and Neglect found no significant differences in the incidence of child maltreatment between metro and rural areas in 1986.

"Americans tend to believe that our nation's poor
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But on almost every available indicator, rural children's problems are worse than the suburban component of the metro population. And surprisingly often they are close to, equal to, or even worse than the problems of inner-city children.

- The astronomical poverty rate for rural black children (53 percent) exceeds the rate for black children in metropolitan central cities (47 percent), as does the proportion of rural black children living in families with incomes less than one-half the poverty line.

- Death rates for white infants are higher in rural areas than in urban areas of metropolitan counties.

- Rural children of all races are more likely than their city peers to go a year or more without a regular doctor's checkup.

Many of the gravest problems associated with inner cities are also found in

on Children in Rural America

ealthy or undereducated children are overwhelm-
dren because it allows us to neglect their needs."

rural areas. In Arkansas, Idaho, Iowa, Kentucky and Ohio, recent studies have documented the existence of thousands of rural children who are homeless.

Of course, rural problems need not exceed metro problems to harm children. In all areas — rural, inner city, as well as many suburbs — children's problems are far too serious to ignore. On indicators as diverse as infant mortality and mathematics achievement, children throughout the United States lag behind their peers in many less-wealthy nations.

Stereotypes

Americans tend to believe that our nation's poor or unhealthy or undereducated children are overwhelmingly urban and minority. This stereotype hurts rural children because it allows us to neglect their needs. The stereotype also hurts inner-city children because it makes it easier for many Americans to imagine that such problems are alien, unique to inner cities, possibly even the fault of the parents. And the stereotype hurts the nation because it has helped us to rationalize raising a whole generation of children in poverty, ignorance, and distress.

In a few respects rural children do fit our traditional image. They are more likely to be white than are metro children. They are slightly more likely to be from two-parent families.

Yet despite some apparent advantages, rural children are poorer, less healthy, less educated, and generally worse off than other American children. And low rural wages mean that rural children more often remain mired in poverty even when their parents are employed.

How to make a difference

Because children's needs are urgent nationwide, recommendations for government action must begin with steps that will support all of America's struggling families—rural, city, and suburban.

All children need to grow up in families that can meet their basic needs: food, clothing, and a safe home. One step toward this goal is a refundable children's tax credit—a modest amount per child that is available to every family with children. As proposed recently by key members of Congress from both parties, such a credit would reduce taxes for middle- and low-income families and would be issued as a refund to help families too poor to owe taxes.

Other potential steps to a fair start for all children include more aggressive child-support enforcement and the creation of a child-support insurance system to combat extremely high child poverty rates in single-parent families and to give single parents a dependable base for economic self-sufficiency.

All children need a healthy start: access to basic health care through health insurance for every child, parent, and pregnant woman.

And all children need a head start. It is time to extend the very successful Head Start program to every eligible child rather than providing the program's benefits to only one in three children.

Ways to target the particular needs of rural children

Because rural children are poorer, yet more likely to live in two-parent or working-parent families, they will benefit in particular from: larger federal and state tax credits for working families with children (like the Earned Income Tax Credit); parental leave; and improvements in safety net programs such as food stamps, Aid to Families with Dependent Children for families with unemployed parents (AFDC-UP), and Section 8 housing assistance.

Programs directly aimed at isolated rural (and city) children are needed. Full funding for Community and Migrant Health Centers, WIC, and the National Health Service Corps would provide basic health care in thousands of medically underserved rural and inner city areas. State programs that enhance or forgive undergraduate and graduate student loans for health personnel and teachers who serve in rural or inner-city areas would help alleviate shortages of professionals serving children. Home visitor health services and training and support for family day-care providers would strengthen families and childcare services and protect children.

To address rural transportation needs, federal and state governments should: Lift unreasonable restrictions in programs such as AFDC, Medicaid, or food stamps against owning vehicles of even modest value; undertake outreach and allow rural families to apply for such programs by mail; place Medicaid enrollment offices wherever health services are provided; and reimburse poor families' necessary travel costs to medical and social services.

Finally, for many rural communities, greater investment in schools is essential. This includes more equitable school funding, more investment in special and enhanced programs, and exploration of new "distance learning" techniques. ■

Arloc Sherman is Program Associate in the Family Support Division of the Children's Defense Fund, where he specializes in family income and poverty issues. This article is summarized from the recent CDF report, Falling by the Wayside: Children in Rural America, *made possible by the support of the Ford Foundation and the Aspen Institute. The report is available for $13.95, including postage, from CDF Publications, 25 E Street N.W., Washington, D.C. 20001. For more information, contact Arloc Sherman at 202/628-8787.*

■ by Jan Marrack

Family Support Services of West Hawaii was founded in 1979 by members of the community concerned with the prevention of child abuse and neglect. West Hawaii is the fastest growing district in the state of Hawaii; over the last ten years, the population has doubled and real estate prices have tripled. There are extreme differences in economic status: multigenerational local families needing five jobs in a household just to pay the rent, contrasted with families living in homes valued in the millions. This culturally diverse area spans more than 150 miles of coastline, with the population center midway between the two most isolated communities. Isolation is both physical (there is no public transportation) and psychological (many rural residents are uncomfortable traveling outside their immediate environment).

Family Support Services of West Hawaii's mission is to promote healthy families by providing support services to strengthen and empower families and foster the optimal development of children. The philosophy of Family Support Services is that parents want to provide their children with a healthy and safe environment in which to grow; that with encouragement, resources, and support, families can meet the challenge of raising children in today's complex world; that programs which build on a family's strengths are more effective than those that focus on their weaknesses; that services must conceive of families in the context of their communities; that affordable prevention programs can keep family difficulties from becoming chronic and expensive public problems.

Prevention programs are Family Support Services' main focus. These include Healthy Start, a nationally-acclaimed community-based maternal and child health program, and the 'Oihana Ohana Respite Nursery program, providing planned and emergency respite care services and parent support groups. In 1990 the Hawaii State Legislature made funds available for a Family Center Demonstration Project—the primary prevention program that Family Support Services had long envisioned.

The West Hawaii Family Center was established in one of the largest shopping centers in the most centrally-located and densely-populated community in West Hawaii in order to serve this broad geographic area from one location. This is where families come to from outlying areas to shop, at least on an occasional basis. The Center is small but cheerful, and the staff warm and friendly. People can drop in or phone to be connected with whatever activities or services they need.

Families are encouraged to identify and prioritize their needs, and to participate in their own solutions. The goal is to ensure that people have a positive experience so they will be empowered to act on their own behalf in the future. The Center offers ongoing parenting classes, series on various family issues, craft classes, an intergenerational literacy program, and a weekly Story Time. These programs are staffed by volunteers whenever possible. The Family Center also houses a toy-lending library, which has been a successful way to set up informal relationships with families with young children.

Meeting space is available for support groups, 12-step programs, and classes run by other community organizations. The Family Center is also available to other service providers who use its information, as well as meet with clients in this non-stigmatizing environment. The Family Center is a resource bank able to recognize duplications of and gaps in services and to advocate for their resolution.

The Family Center enjoys complete freedom to adapt to community needs. A Community Liaison Committee made up of consumers, services providers and representatives from other important sectors aids staff in developing policy and programs, and committee members act as Family Center ambassadors. This flexibility has permitted a role in community development in the more isolated areas. Concern in one community about the high incidence of domestic violence has led not only to a more organized and sensitive approach to intervention and treatment, but to the formation of a grass-roots organization working to create a program for dispirited youth. The Family Center has been actively involved in providing technical assistance.

Community response in all areas has been overwhelming. Not only do people come to access activities and services, but businesses, service organizations and individuals have gone out of their way to offer financial and in-kind support. There is a lot of trust in the Family Center which has taken the lead in demonstrating to families that their community cares about them. ■

Jan Marrack is Program Director of the West Hawaii Family Center, a program of Family Support Services of West Hawaii. She can be contacted at: 74-5586 Palani Road, Suite 16, Kailua-Kona, HI 96740 808/329-7773.

MICA: Mobilizing Churches

■ by Lana Ross

As government funds become less available, non-profit organizations must develop new partnerships at the local level to find the resources to continue their work. One local resource is church involvement. Just such a need led Mid-Iowa Community Action, Inc. (MICA) to design a project to reach local churches and involve them in the services provided by our agency in their communities. Most churches have a vested interest in the well-being of the community, and believe that the improvement of the community will ultimately benefit the church.

Mid-Iowa Community Action, Inc. (MICA) is a five-county community action agency serving approximately 6,000 families, comprising 16,000 individuals, a year. We provide access to federal- and state-funded anti-poverty programs such as Women, Infant, and Children Supplemental Feeding Program (WIC), Headstart, Weatherization, Low Income Heating and Energy Assistance Program (LIHEAP), etc. MICA also provides home-based family development services to approximately 275 low-income families facing risks to their well-being. With this kind of intensive, comprehensive help, families can begin to work toward a goal of economic self-sufficiency. The majority of MICA's funding for family development comes from competitive demonstration and research grants, which are awarded for a limited time. Because we recognize the need for ongoing and reliable funding, we have attempted to develop a consistent funding source to assure that we would be able to provide developmental services on a continuing basis.

Within MICA's service area, there are approximately 350 churches ranging in size from 10 to 2,000 members. Many of these churches have been partners with MICA over the years, providing services such as emergency food, utility payments, gas money, etc. to help low-income families. A few churches also provide space for MICA's Headstart and WIC programs. But, valuable as these partnerships have been, they have not focused on family development work.

Project Home Mission had two goals: 1) to increase the number of partnerships with churches and 2) to move these partnerships towards supporting our long-term family development work.

Initially, Project Home Mission contacts a church's minister to talk about MICA, family development, and the details of Project Home Mission. We explore existing church projects to learn if they are in philosophical agreement with Project Home Mission. We address the questions or concerns of the minister, and then determine the appropriate decision-making committee within the church to hear a presentation.

The presentation is made by project staff along with the head of a family currently participating in family development. MICA staff assist the family member as she prepares to share with the church committee what her life was like before involvement in the family development program, the changes since, and her dreams for the future. Project staff inform the parishioners about MICA, the idea of family development work, and the details of a potential partnership with MICA as part of Project Home Mission. The family member's participation is a key element in communication with the church, since the family member will often disprove misconceptions and stereotypes parishioners may have regarding government-aid recipients. Her presentation provides first-hand testimony about the effectiveness and benefits of our work with the family.

When a church decides to participate in Project Home Mission, it pledges $100 per sponsored family per month to MICA. We then provide family development services to a low-income family within the church's county. The church's funding provides the necessary resources to pay salary and expenses for family development staff. Project staff develop an initial profile of the sponsored family to share with the church, using fictitious names and including details about the family members' situation, income and the family's long-term goals and dreams.

Every quarter, MICA staff and the family prepare an update for the church about the sponsored family, including joys being celebrated or a crisis within the family and how it was resolved. This contact keeps the church informed about the family and provides a means for MICA to nurture our relationship with the church. MICA staff continue to build and strengthen our church partnerships by making personal visits, delivering Sunday-morning sermons and inviting the church to participate in various MICA community projects.

Through the 37 Project Home Mission church partnerships, 42 families are enrolled in the family development program, representing over $50,000 in additional income for developmental services. As MICA and the churches have continued as partners, other programs have been established that benefit the churches, MICA, and area families.

In 1991, the Iowa United Methodist Annual Conference Board of Camps and Extended Ministries supplied free slots as campers to all MICA youth who had the desire to attend camp. This gift allowed 131 low-income youth to participate in camping, and for 65 percent of the MICA youth, it was a first-time experience. The cost of these scholarships was $15,0000, and the church has extended the same invitation to MICA again this year.

Mother to Mother is an exciting project which is just beginning. This project joins three women, one from MICA's family development caseload, and two volunteers from two different Project Home Mission churches. The three women attend an orientation about the project and schedule meetings throughout the next year. This opportunity broadens the base of support for the MICA family and educates the volunteers about the needs of low-income families.

Another new program, Volunteers On Identifying Community Employment Sources, (VOICES) has been introduced in three of the Project Home Mission churches. A parishioner who can offer employment opportunities calls the MICA office, and MICA staff selects the best possible candidate for the job opening from our family development caseload, and provides the necessary support to that candidate to prepare for employment.

At MICA, we believe these examples are just the beginning of the exciting and rewarding opportunities for cooperating with churches. As the partnerships between MICA and the Project Home Mission churches become stronger, everyone involved will benefit from working together. ■

Lana Ross is the Community Resource Coordinator for Mid-Iowa Community Action, Inc. (MICA). She is currently the director of Project Home Mission and recently presented a workshop at the Family Resource Coalition's Fourth National Conference in May, 1992. For more information about this project, contact Ms. Ross at MICA, 1500 East Linn, Marshalltown, IA 50158 515/752-7162.

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■ by Amy Martz

CARY CHRISTIAN HEALTH CENTER: Touching Lives in the Mississippi Delta

The Cary Christian Health Center was founded in 1971 as a medical ministry to the people of Sharkey and Issaquena counties—two of the poorest in the state of Mississippi. Since then, it has grown into a multi-faceted outreach serving the total needs of families and individuals.

There have been marked improvements in the health and living situations of the citizens in this delta region (infant mortality has dropped by half), but the community still faces challenges. Unemployment is well over 20 percent. An average of 31.5 percent of the families in both counties live below the federal poverty level. The teen pregnancy rate is 4.25 times higher than the national average. And infant mortality is still almost twice the national average.

As is often the case in poor communities, many problems stem from hopelessness, isolation, and low self-esteem. The Cary Christian Health Center seeks to build self-esteem by helping people help themselves through education, opportunity and spiritual support, while bringing relief for physical suffering.

A medical and a dental clinic staffed by health professionals provides the physical relief. Services are offered on a sliding fee scale. The dental clinic is open three days a week; the medical clinic, five. The medical clinic also does certification and screening for the WIC program.

The Cary Christian Health Center has used the church's role in rural, black communities to encourage disease prevention. The Center has trained volunteer community health advisors, representing five congregations, to do blood-pressure screening in their churches, neighborhoods, and local places of employment. They also dispense information about preventing heart disease, diabetes, and stroke (This part of the south central United States is known as "The Stroke Belt").

The dental clinic at Cary provides important preventive services as well as emergency care during office hours.

The Cary Christian Center builds self-esteem by providing educational and spiritual support for community members as they help each other.

Because a large number of the babies in the delta are born to high-risk mothers, low infant birth weight is also a serious problem. The Cary Christian Center operates a parent/child program that includes pre-natal classes, nutrition education, parenting classes, and home visits.

Mothers are visited at home before and after giving birth. In 1991, two specially-trained volunteer home visitors made over 2,300 visits, providing follow-up care to many new mothers in Sharkey and Issaquena counties. This is vitally important in an area with limited transportation and few professional health providers. (There are no physicians who deliver babies, or hospitals equipped for deliveries, in either Sharkey or Issaquena county; there are only three

An overhead view of the Cary Christian Center's Thrift Shop which provides clothing, furniture and household appliances at low cost

sources of primary care in the two-county area.) The home visitor program is also important for assessing parenting skills, housing conditions, and other environmental factors that could affect the health and well-being of the child.

More than 50 percent of the houses in Sharkey and Issaquena counties are substandard. To alleviate the problem, the Cary Christian Center developed a Community Affairs Program that includes construction and repair of homes. Through this program, area residents may contribute "sweat equity" toward the cost of building or improving their homes. No-interest financing is supplied by the Christian Economic Corporation (a sister ministry of the Cary Christian Center), and residents make mortgage or loan payments monthly.

The Cary Thrift Shop is another branch of the Christian Economic Corporation. The Thrift Shop sells second-hand clothing, furniture, appliances, and other household goods which community residents would not otherwise be able to purchase. Profits from the Thrift Shop support to the rest of the Center's programs.

The Cary Center is a Christian ministry operating in the belief that lasting behavior changes can only be made by empowerment through Jesus Christ. The Spiritual Program is one of the Center's most vital outreaches. Designed for all age groups, the Spiritual Program provides Bible classes, activities, field trips, a drama club, educational enrichment, tutoring, and work projects for children ages pre-school through young adult. The ministry also offers a special Bible study for adults, home Bible studies, counseling, and meal delivery to shut-ins.

Does it work? Just ask the individuals whose lives have been touched. Rosie Jackson, a young woman raised by alcoholic relatives who is now fulfilling her dream of attending nursing school; Dorsey Johnson, the center's spiritual director who was discipled at the Cary Center, attended college, and is now a husband, father of six, and deacon and superintendent in a local church; Mary D., a mother of two who had been living in a snake-infested house but who was helped by a Cary home visitor and social worker to obtain a trailer in a better neighborhood.

These are the stories that inspire the Cary Christian Center staff to keep investing in lives one at a time. ■

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Amy Martz is Communications Director for The Luke Society, Inc., an interdenominational medical missions group and the parent organization of the Cary Christian Health Center. The Luke Society's headquarters is in Vicksburg, MS. For further information, call The Luke Society at 601/638-[illegible] or the Cary Christian Center at 601/873-[illegible]

■ by Lynne A. Bond, Ph.D., Mary Field Belenky, Ed.D., Jacqueline S. Weinstock, M.A.

Listening Partners: Helping Rural Mothers Find a Voice

An increasing number of women are raising children alone, impoverished and with little support from the children's fathers or grandparents. Especially for those in rural settings, who are geographically isolated, motherhood is more and more a lonely occupation. These mothers are often undereducated and they undervalue what they think, their own opinions and life experiences. Many rural mothers were raised in isolated, authoritarian, nonverbal households and did not develop their "own voice" or refine the ability to analyze and express their thoughts and emotions. They lack a sense of the importance of their own mind and voice, because, as children, they did not learn to rely on their thinking, understanding, and articulation for problem-solving and communication.

This has important consequences for their style of parenting. These mothers tend to use power-oriented techniques (threats, commands, and physical punishment) for influencing their children, as their parents did with them. They often have a limited appreciation of their children's social skills. Not feeling the potential of their own minds, they do not encourage such capacities in their children. Failing to think things through and talk things out with their children, these mothers rarely explain what they know, nor do they ask their children questions that might help the children generate their own ideas, explanations, and choices.

It has been demonstrated in the literature that these parenting practices and attitudes are linked to delays and/or limitations in children's thinking and learning skills, self-concept and self-esteem, and social competence and peer acceptance. Social isolation, hierarchical family structures and the stress of poverty have repeatedly been associated with family violence (Finkelhor, 1983). Behavior problems are an additional consequence for many of the children. Moreover, children internalize many of the thinking and parenting strategies of their parents, and thus perpetuate these patterns in subsequent generations.

When parents develop their own voices or ability to express themselves, they realize that they have worthwhile ideas. By being listened to attentively and listening to themselves attentively, parents recognize how they are working towards goals that they have for themselves and their families. As parents recognize their own voices, they begin to trust themselves to make decisions and solve problems. They also begin to help their children develop these capacities. This is what the Listening Partners Project is all about.

The Listening Partners Project

The Listening Partners Project was designed to ease the social isolation of and support the development of mothers—so they in turn might better support the development of their children, their peers, and themselves.

We focused on fostering women's understanding of themselves, their peers, and their children as "knowers." We used Belenky, Clinchy, Goldberger, and Tarule's (1986) five Ways of Knowing (ways of understanding knowledge) to hypothesize the steps that might help an individual mother to gain a voice, to claim the power of her mind, and to become more actively engaged in conceptualizing and interacting with her children and peers in ways that promote their cognitive development and sense of self-competence.

The principal tool of intervention was the fostering of dialogue. Through dialogue, a person can discover and cultivate the power of her mind and voice, and, as a consequence, her ability to encourage the intellectual development of children and peers.'

Dialogue provides opportunities to gain comfort with listening and speaking—finding meaning in others' words, finding words to articulate meaning, seeing that trading stories and ideas can be useful. Through dialogue one can develop an awareness of the interpretative and creative powers of the mind—one's own as well as others'. Only after gaining a clear understanding that ideas can and do emerge from one's own mind, can one begin to consciously develop, use, articulate, and integrate procedures for constructing and refining ideas.

The Listening Partners Project used dialogue in several key activities. Women's words, ideas, and stories were recorded on tape. As these taped recordings and transcriptions were disseminated, women were able to listen to their own thoughts as they emerged and to experience being deeply heard by others. Sharing their own and their children's "life stories" and "growth stories"—tales of aspiration and realization, however small—encouraged women to recognize strengths and growth that had typically gone unnoticed. Group exercises in interpersonal cognitive problem-solving (elaborating upon the work of Shure & Spivack, 1978; 1979) highlighted and fostered the women's abilities to think

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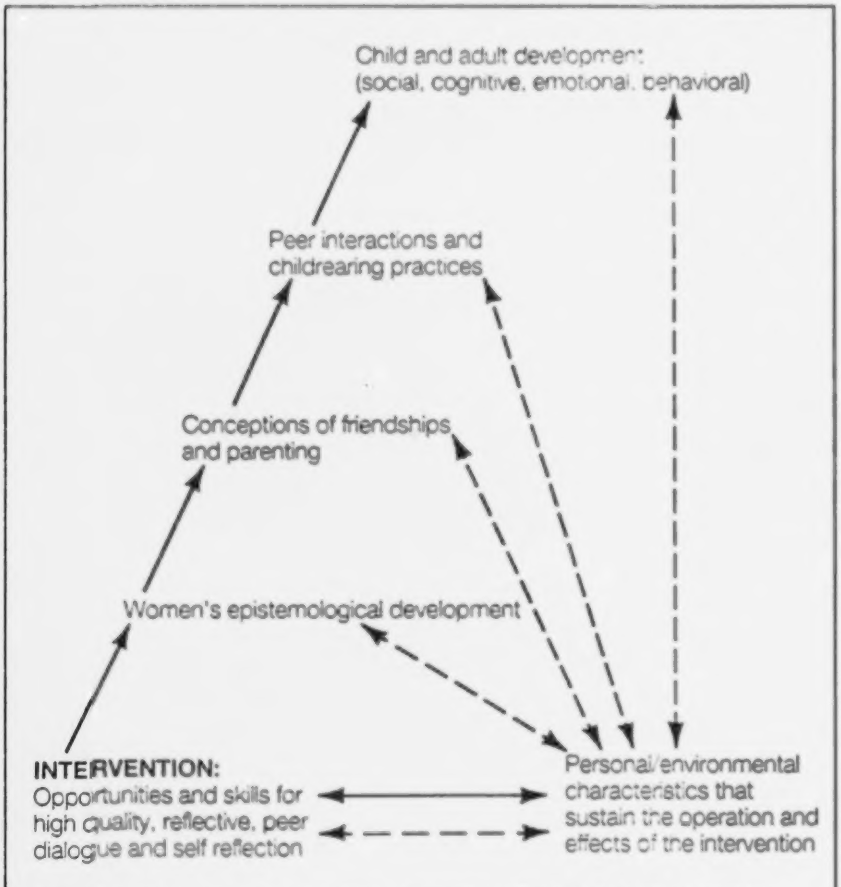
Child and adult development
(social, cognitive, emotional, behavioral)
Peer interactions and childrearing practices
Conceptions of friendships and parenting
Women's epistemological development
INTERVENTION:
Opportunities and skills for high quality, reflective, peer dialogue and self reflection
Personal/environmental characteristics that sustain the operation and effects of the intervention

Figure 1. Program components and hypothesized effects of the Listening Partners Program.

and work through problems and to support one another in collaborative problem-solving. Interviewing in pairs and as a group helped women discover their skills in identifying meaningful questions and drawing out the ideas of others.

Once they felt more confident in self-expression with peer participants, women were encouraged to do the same with their children at home.

We worked with social service and mental health personnel to recruit 120 isolated, rural, impoverished mothers of preschool-aged children for the Listening Partners Project. Each of the project participants and her children completed interviews and other assessments at three 9-month intervals. Half of the women (our experimental group) engaged in the intervention during the interval between the first and second set of interviews, meeting in small discussion groups of twelve or so (including two staff group facilitators), one morning a week over an eight-month period, while their children were provided childcare. The other half was a control group.

Figure 1 provides a schematic diagram of the Listening Partners program components and hypothesized effects. As the solid arrows in Figure 1 illustrate, the program was designed as a multilevel preventive/promotive intervention. The intervention activities created opportunities and developed skills for high-quality reflective peer dialogue, encouraging women who have had little confidence in themselves as knowers to gain a voice and develop the powers of their minds. We expected that the mothers, in turn, would become more able to see their children as active knowers, and therefore, more fully draw out their intellectual, social, and emotional capacities thereby promoting healthy child development. These women would simultaneously cultivate and prosper from more constructive, supportive peer relationships.

As the broken arrows in Figure 1 illustrate, we expected the effects of each level of the program (from the intervention activities through the enhanced developmental status of the child and adult) would feed back into promoting an environment that nurtured and sustained the operation and effects of the intervention. For example, the promotion of more effective parenting strategies was expected to provide a context in which not only the child's development would flourish, but where the mother herself could engage more in collaborative problem-solving (in this case, with her child), reflect upon her reasoning skills, and contribute to her competence with the tools of mind and voice.

Results

Our analysis confirmed that mothers who had a more complex understanding of the active nature of knowledge endorsed more intellectually stimulating, non-authoritarian, and non-directive parenting communication strategies. These strategies are more likely to draw children into active participation and problem-solving. Moreover, the Listening Partners intervention did help these women develop a more complex appreciation of the active nature of knowledge and its development. Gains persisted and even increased during the nine-month period following the termination of the intervention. We believe that these "listening partners" discovered and developed skills which helped them support their own growth and that of their peers and children.

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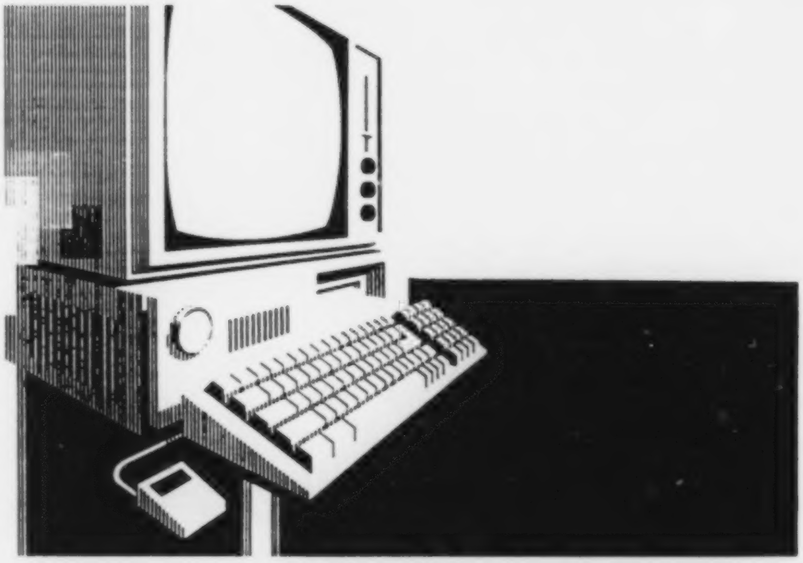
by Anne Floden Fallis



Technology Expands the Reach of Family Services in Rural South Dakota

Imagine being poor and living on one of the isolated American Indian reservations in South Dakota—where the nearest shopping centers (and most major services and job opportunities) may be fifty to one hundred miles away. Now imagine what it's like to be a service provider under these conditions. South Dakota has ten of the poorest counties in the nation, all encompassing reservations[1]. Most reservation families do not have adequate transportation; minimal funding for services means that service providers are isolated from regional and national resources.

The Dakota Bulletin Board Service (Dakota BBS), uses modern technology to provide service and information delivery to poverty-level families and to their service providers in isolated environments. The Dakota BBS is a computer networking system that enables instantaneous and interactive exchange of information using regular PC computers, modems, and rural phone lines.

The system is easy to use and does not require a high degree of computer literacy, nor expensive computers or equipment. Dakota BBS users can dial into the system with their computer modems much like making a phone call.

The system has many more functions, however. It allows ordinary people to:

- Send and receive "mail" (with a possible reply within minutes)

- Read current public announcements and news the instant they are posted

- Join conferences in which they can discuss specific issues with people from all over the world

- Instantly download files of information, much like they might borrow a book from the library (only the library is at their fingertips)

- Work on documents with teams from all over the world.

Rural America Initiatives is a small American Indian non-profit organization in South Dakota that uses the Dakota BBS in its day-to-day operations, as well as for special projects. On a typical day, an RAI employee might dial into the Dakota BBS and:

- Find out what meetings are scheduled for the week

- Post a public notice for all employees to tell them about a client's birthday celebration

- Check a detail in the organization's personnel policies

- Help a family member download a graphic to be used in the parents group's newsletter

- Attend an on-line Alcoholic Anonymous meeting (with members from across the nation) during a break

- Present a client's problem on an echo called, "Plain Talk," and receive feedback from social services and mental health professionals from South Dakota and Wyoming

- Work on a grant with a consultant from the West Coast (Unlike a fax, the Dakota BBS allows users to download a file and later change it on their word processor without retyping.)

- Check a job bank in Montana on behalf of a client who is moving

- Help a teen parent attend an "on-line" GED class

- Review a file provided by a national service provider about a model Children of Alcoholics program

- Send out an announcement about a conference to one hundred rural schools (in five minutes and with no postage costs).

Phone costs for linking with national and regional service providers are low (approximately $25.00 per month). The system allows all kinds of computers to link. (Most rural schools in the area have Apple II computers and most service providers have IBM-compatibles.) More features will be added in the next six months, including on-line college classes and an American Indian arts-and-crafts catalog to market products of reservation families to national and international markets.

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[1] Lakota Times, February, 1988, quoting United States Department of Commerce data

Anne Floden Fallis is founder and Executive Director of Rural America Initiatives, a non-profit organization serving American Indian families in the Dakotas. She is also systems operator of the Dakota Bulletin Board Service. For more information, contact her at Rural Route 1, Box 1845, Rapid City, South Dakota 57702, 605/348-9924, or by modem to the Dakota BBS at 605/341-4552.

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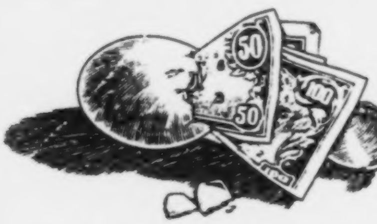
■ by Christine Vogel

Funding Family Support Programs: Charging Fees for Services



Developing strategies for increasing revenue is a key survival issue for non-profit organizations that are in the business of strengthening families and the notion of charging fees for services is a growing option. As a relatively new entity, family support programs are not automatically considered worthy of support from major funding sources. This may be particularly true for programs which serve mostly middle-class populations who are seen as having the ability to pay for such services.

The three programs profiled in this article are "old-timers" in the family support movement, each having been in existence for more than a decade. Each has charged fees from its inception; each has also been able to provide the families it serves with some free programming.

All three have done well. Last year alone, these three programs served approximately 14,000 families. One of the programs serves a predominantly upper-middle-income population; the second serves a middle- to lower-middle-income population. The third serves an ethnically and socioeconomically diverse population that ranges from mainstream to under-served, with the latter population's family problems reflective of entrenched social problems.

The continued success of these fee-for-service programs seems to indicate that middle-class families are willing to pay fees for programs that provide them with resources and support. This demonstrates that family support programs are valuable to and appreciated by those who face the "normal" crises of parenthood.

It also shows that market driven fee-for service programs can successfully operate in conjunction with those social programs for in-need populations which rely on foundation and corporate support.

These three programs illustrate a variety of ways to work with community resources. They can serve as models to other family strengthening programs that may be facing a need to charge fees for services.

92nd Street Y Parenting Center

New York, New York

Fretta Reitzes, Director

The Parenting Center began in 1978 as a program of the 92nd Street Y (Young Men's/Young Women's Hebrew Association). Since the Y has always charged fees, it was clear that the Parenting Center would also be fee-based, particularly since it receives no outside funding. The Center's annual budget is about $500,000. The Y covers overhead expenses, such as space, maintenance, marketing, and accounting; all other monies are generated by program fees.

The Parenting Center serves approximately 3,000 to 4,000 families each year, the bulk of whom are upper-middle-income. It offers a wide variety of programs, including: weekly seminar series for new mothers; play groups for parents or caregivers and their toddlers; infant/toddler development classes; support groups for new mothers; fathers' groups; workshops on parenting issues; and parent forums for parents of children ages four through teenaged years. Many of the programs are tailored to fit the needs of working families. About two-thirds of the Center's programs are geared to parents with children between the ages of six months and two and one-half years.

Director Fretta Reitzes says that fees are "structured to serve a middle-class community; they're designed to support our programs and services and are based on what the market will bear." The staff determines the fees by continually examining other comparable programs and charging similar rates. "As our programs have expanded, we've raised our fees. During the recession, however, we've tried to be sensitive in our fee structure. We've had more requests for scholarships during the past several years, and we've been able to honor every request."

Until this year, the Parenting Center has also offered community service programs at no charge. One example is "Public School Options," a school fair that gives parents a "one-stop-shopping" opportunity to learn about the various public schools in the area. "But we can't sustain that anymore without charging a fee," says Reitzes, adding that the Parenting Center will soon charge fees for all of its programs.

Reitzes believes that middle-class communities have a real need for the kinds of services that the Parenting Center provides. And fees are critical to her program's survival, since it receives no outside grants or funding.

A typical program sponsored by the Parenting Center costs about $15 to $20 per class. For example, the 14-week program for new mothers, costs $200. It meets once a week for one and one-half hours and participants register in advance for the entire semester.

Until recently, the Parenting Center had not actively sought outside monies for any of their programs. But they are currently developing a large-scale program focusing on adoption, both for prospective parents and for parents who've already adopted a child. And they are seeking donors, both private and corporate, to underwrite different parts of the program. "We're changing the way we operate and beginning to pursue other ways of raising money," says Reitzes.

The Parenting Center at Children's Hospital

New Orleans, Louisiana

Donna Newton, Director

When the Junior League of New Orleans and Children's Hospital originally established the Parenting Center at Children's Hospital in 1980, a community board was created to set fees for membership and classes. The center, whose initial program was a Parent/Infant/Toddler Center, was set up to serve a middle-class population with normal developmental concerns about raising children. As its services have expanded, the population served has also expanded and now includes both middle-

and lower-middle-income families.

The Center offers classes, workshops, lectures and drop-in gatherings, and serves parents of children from infancy through pre-adolescence. It also offers new parent support groups, short-term counseling, brown bag seminars for working parents, "The Newborn Booklet" for area hospitals, and programs geared specifically to stepfamilies and to fathers.

The Center charges a yearly membership fee of $45 for active membership, and $25 for associate membership (an increase of $10 over the 1980 start-up fees). In setting fees, its board of directors looked at family membership fees for other organizations in the community, and compared the services offered. The Parent/Infant/Toddler Center is the only program that requires a membership fee, and parents can pay in two installments if necessary.

Specific class fees, which are approximately $5 per class, are purposely kept low to encourage participation. For night classes, the Center charges the same fee for the attendance of one or both parents or significant other. "That way we hope more couples will get a babysitter and attend," says Newton.

Parents who are unable to pay can apply for scholarships or volunteer their time. Volunteering to help provide childcare for a semester-long class entitles one to a free class. Newton says that most members who need assistance choose volunteering over straight scholarships.

The Center has always offered some free classes, such as informal community talks and "lunch bunch" seminars. It also offers parents the opportunity to attend their first infancy class at no charge. "It acts like a start-up for them and we then encourage them to join," says Newton.

The Parenting Center serves about 425 members and 5,500 nonmember families each year, operating with a budget of $161,000. Class fees and membership account for about 14 percent, or $22,500. Fundraising and an annual giving campaign account for 42 percent; Children's Hospital picks up the 44 percent deficit. "We always try to reduce that through the gift-giving campaign and our fundraiser, Boo at the Zoo," says Newton. This annual special event is a "Halloween carnival" held at the New Orleans Zoo, complete with games, rides and "trick-or-treat" spook houses. The event draws about 4,000 people and raises between $35,000 and $45,000 for the Center.

Newton has found that charging a small fee is better than no fee at all in terms of class participation. She acknowledges the the Center has sometimes made mistakes in setting fees. "When we price a program too high, no one signs up. We listen to what members tell us by sending out surveys and doing class evaluations. We've found that their thinking when it comes to parenting issues or parent-child events is: 'if it's with or for children, it should be inexpensive.' The New Orleans economy has been depressed for eight years and we've seen the effects on our parents. We've chosen to keep our fee structure low and to subsidize the programs, with the annual giving campaign, Boo at the Zoo, and the Hospital, our permanent funding source, picking up the deficit."

FRIENDS of the FAMILY

Friends of the Family

Van Nuys, California

Susan Kaplan, Executive Administrator

Friends of the Family is a 20-year-old, not-for-profit counseling and education center. "Our mission is to provide quality mental health and human development programs to the mainstream and underserved populations of the greater Los Angeles area," says Executive Administrator Susan Kaplan.

Because foundations were reluctant to fund programs for mainstream parents, the decision to charge fees was part of the board of directors' initial strategic planning for the program. Alternative funding sources were targeted in order to serve the in-need population included in the program. "But we still haven't exploited the avenue of fundraising or special events," says Kaplan. "That's been a lack in our organization. Our board of directors has been active in fundraising, but mainly through foundations and corporations."

Friends of the Family provides counseling and psychotherapy, as well as five family strengthening programs: The Parent Project (a multi-component work/family service package targeted to businesses); Young Moms Program; The Parent Project; Family to Family; and Parenting Now advocacy and outreach.

Friends of the Family's annual budget is about $950,000. Seventy percent comes from fees, 20 percent from foundation grants and 10 percent from corporate and individual contributions. The counseling and psychotherapy service, which accounts for two-thirds of program revenue, is 90 percent fee-based and helps fund other services provided without charge. Counseling fees are based on a sliding scale which ranges from $20 to $110; the average fee is approximately $38.

Kaplan points out that the steady revenues from a mature program, such as the counseling services or the Parent Project's work/family programs, offer several benefits. "They provide a steady source of income which can be forecast with some confidence. Revenues from fee-for-service programs tend to be responsive to tactics under organizational control, such as advertising, increasing referral base and program design modification. Funding sources respond positively to demonstration that your organization will have stability from its fee-for-service programs; their grant cycles and available dollars have so much variation."

Friends of the Family has utilized revenue from more mature programs to finance the development of additional free programs for the in-need populations. Young Moms, a primary prevention program, and Family-to-Family, an extended multifamily treatment program for abusive and neglectful families, are attractively positioned to gain foundation and public support, says Kaplan. "The grant revenues tend to come in chunks and must be allocated to specific program expenses, but [they] allow the provision of needed services and aid with positive cash flow."

Last year, Friends of the Family provided services to 1,450 client families; in addition, nearly 5,000 individuals and families were served through the family strengthening program, consultations, publications and speaking engagements. "Diversification of revenue sources is vital," says Kaplan. "We must continue to design and implement family strengthening programs for our identified constituency. We must also identify all possible sources of revenue—including fees-for-service, foundation grants, public support and public sector reimbursement contracts—and design programs to attract a variety of revenue sources. Thus revenue diversification becomes a driver in our decisions about growth and expansion." ■

Christine Vogel makes her debut in this issue of the Report as FRC's staff writer. With a background in English, marketing, and psychology, she has been a freelance writer for the past 10 years. Christine also serves on a coordinating committee establishing an "I Have a Dream" partnership between local churches and Family Focus/Our Place in Evanston, Illinois.

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FRC REPORT
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Copy Editing, PROFESSIONAL COMMUNICATING: JONATHAN WOLF
Printing, BOOKLET PUBLISHING CO., INC.

The **FRC Report** is published quarterly in the public interest by the Family Resource Coalition, a tax exempt, non-profit organization. Membership in the Coalition includes a subscription to the **FRC Report**. Readers are encouraged to copy and share its content; we request you credit the Family Resource Coalition as the original source of information.

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report

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SPECIAL FOCUS

WORK & FAMILY

■ by Ellen Galinsky

WORK AND FAMILY: 1992

In 1980, when I began my first work-family research project and people would ask me what kind of work I did, my response required a long explanation. The terminology work and family had no name recognition. Twelve years later, there is absolutely no confusion. People usually respond to the statement that I conduct research on work and family life issues with a personal story of feeling torn by too much to do and not enough time.

Today, it is also more widely understood that work-family problems are a result of families changing faster than public and corporate institutions. The workplace with its last minute meetings or mandatory overtime, the schools which provide little warning of events that parents are expected to attend, the doctors or dentists who don't keep evening hours, the banks that close at three o'clock seem to be responding less flexibly than members of the family.

The guilt and strain of trying "to do it all, to have it all" are, however, beginning to produce changed attitudes. Polls on the work ethic are for the first time revealing that a majority of employed parents do not want to live such pressured lives. A recent survey, conducted by the Hilton Corporation, found that about two-thirds of Americans would prefer to take a salary reduction in order to get more time off.

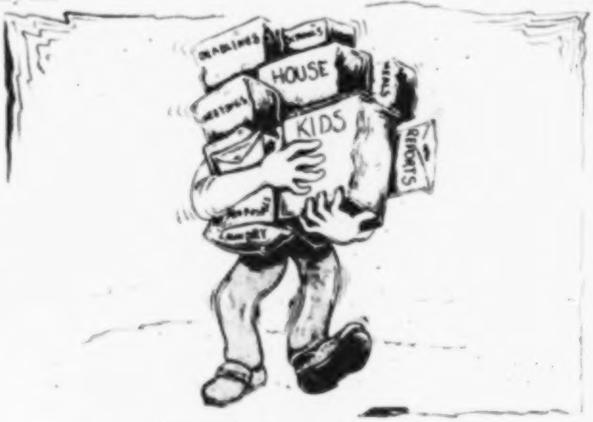
Paralleling the change in individual attitudes, there is also a gradual change in the awareness and responsiveness of companies to employees' work and family concerns. In this status report on work and family in 1992, I will describe the nature and direction of these workplace changes.

• Some work-family assistance exists in all large companies, but most companies have only a limited or piecemeal approach.

In a study of the largest companies in 30 industries for the recent book, *The Corporate Reference Guide to Work-Family Programs*, and in other studies, the Families and Work Institute defined distinct stages of development for work-family initiatives and tabulated the numbers of companies which were at each stage.

We found:

- 33% are in Pre-Stage I, with few policies to address the issue, and management resistant to or barely aware of the concerns.



- 46% are in Stage I, with several policies but not an overall response: work-family is seen mainly as a women's issue with a focus on childcare.

- 19% are in Stage II, with an integrated approach to meeting the work-family needs of employees.

- 2% are in Stage III, with a focus that has moved beyond programs toward changing the company culture to be more family-friendly as well as toward community intervention.

It is in Stage II and Stage III that companies review their existing time and leave policies to try to provide greater flexibility. It is also in these stages that management realizes that while their company may have excellent time-off programs, such programs will be of little value if supervisors measure employees' commitment primarily by the number of hours employees spend on the job, classifying those who use flexible time and leave policies as "not serious about their jobs." In fact, at one of the most progressive U.S. companies, 52% of the employees reported that they believed taking advantage of the company's time and leave programs would jeopardize their jobs or careers. In response to such concerns, some companies have instituted management training programs to help change managers' attitudes and to teach skills in handling subordinates' work-family issues productively. Ten percent of large companies now offer work-family management training to supervisors.

• Despite the prevalence of some sort of flextime policies, few companies offer real time and leave flexibility or are truly family-friendly.

Studies of employee populations, company by company, conducted by Families and Work Institute, reveal that the kind of assistance that employed parents most desire is greater time flexibility. They want to take leaves to be with a new baby or sick child, to be late without censure if there is a childcare problem, to be able to attend a school play or teacher's conference, or to be able to take an elderly parent to the doctor.

Most large companies do have time-off policies. For example, 77% offer flextime, allowing employees some discretion in the times they arrive at and leave work, as long as they accumulate the required number of hours per day or per week. However, only 45% of these programs are written into company policy and only one-fourth are available companywide. Likewise, while all these firms have disability leaves for childbirth, only 28% have policies providing time-off for mothers beyond the disability period. Such leaves are offered to fathers in just 22% of the companies and to adoptive parents in 23%. Furthermore, only 16% permit the use of their leave policies for the care of sick children or other family members. And we estimate that only one in seven companies of all sizes has a formal or informal time-off policy which meets the requirements of the Family and Medical Leave Act passed by Congress in 1992, which was sent to and vetoed by President Bush this fall.

• The research that provides a rationale for these programs is beginning to document the costs of work-family problems and the benefits of the solutions.

Most of the research to date on the cost of not addressing work-family problems has been focused on childcare. It has identified the following problems:

(1) Difficulty finding and maintaining childcare. The research indicates that difficulty finding out about and obtaining childcare is a major predictor of parents' absenteeism. Workers who have to make last-minute, ad-hoc arrangements have higher rates of absenteeism and tardiness, are more likely to spend unproductive time on the job, and are also prone to higher levels of stress and more stress-related health problems than those without such childcare problems.

(2) Difficulty paying for childcare. A national study reveals that poor families pay proportionately more for childcare—23% of their family income compared to 6% for higher-income families.[2] The lack of affordable childcare leads many employed parents to settle for patchwork arrangements that can disrupt their productivity.

(3) Coping with sick children. In the National Childcare Survey 1990, 35% of employed mothers reported that their children were sick within the preceding month. Of these, 51% stayed home at some point to care for their children.[3]

The primary benefits of an employer-sponsored childcare center appear to be reduced turnover and improved recruitment,[4] but managers and center users are more likely to believe that morale and absenteeism are the greatest benefits. The Families and Work Institute is currently doing a study assessing the costs and benefits of an on-site center that includes care for mildly ill children. It is very plausible that when a company addresses the sick-child care issue, absenteeism may decrease.

Research on flextime has shown that the degree of flexibility offered makes the greatest difference in whether it reduces work-family conflict and stress for employed parents and leads to more family time. Flextime has also been shown to provide a return to the company through reductions in tardiness and absenteeism and improvements in morale. Since the costs of implementing flextime are so low, little change is needed to show a return on investment.

Several studies have shown that pregnant women who work for companies with accommodating policies are more likely to return to their jobs after maternity leave.[5] Cost/benefit analyses have likewise shown it is cheaper to provide a leave than to replace the employee.[6] A study conducted by Marra and Lindner to be published by Families and Work Institute this fall reveals that it costs 32% of an employee's yearly salary to provide a leave, whereas it costs between 75% and 150% of the salary to replace the employee.[7]

• Work-family initiatives were not halted by the recession.

Many people have speculated that the current recession might slow or stop work-family initiatives. Instead, although actual implementation of these programs may have slowed, corporate interest has continued to grow, even during these hard economic times.

A survey of 170 companies, conducted by The Conference Board in mid-1991, found that only 2% of respondents had cut work-family programs more than other human resource programs. Sixty percent had enhanced their work-family programs during the past recessionary year, and nearly half (47%) of companies' work-family programs were expanded *more* than other human resource programs.[8]

• Future trends include extending initiatives to new constituencies and creating collaborations.

Companies are extending their childcare initiatives into emergency childcare and school-age care. For example, a few companies are building emergency centers (The Chase Manhattan Corporation; Goldman, Sachs, & Co.; Time Warner, Inc.), while others are creating collaborations such as Emergency Child Care Services (ECCS), a service developed by 15 companies in New York City to provide and subsidize in-home care when children are sick.

In this decade, creative programs will be developed to provide before and after-school care as well as summer and vacation care. Since children between eight and ten-years-old often tend to drop off from school-age initiatives because the programs are seen as "too babyish," some companies (for example, Corning) are beginning to develop more age-appropriate programs for older children. This strategy dovetails nicely with another corporate concern: developing science, math, and literary skills in the future workforce. In addition, a growing number of companies subscribe to a national hotline where parents can get help with their school-age children's homework issues.

Eldercare is another growth area. In The Corporate Reference Guide study, almost one-fourth of the companies surveyed reported that they are planning to institute Elder Care Consultation and Referral, a service which provides information, personal consultation, and referrals to community-based services for the elderly. There has been little innovative thinking in the development of other business programs to assist employees with eldercare concerns. Given the number of employees expected to assume responsibilities caring for elderly relatives in the 1990s (possibly up to 40% of the workforce), one can expect to see more attention to eldercare in the coming decade.

This fall's announcement of the American Business Collaborative for Quality Dependent Care (ABC) also heralds a new trend in the work-family field. Over a dozen companies have joined together in several communities to spend tens of millions of dollars to develop far ranging solutions to their employees' dependent care needs. The companies include IBM, which has spearheaded this initiative, Johnson & Johnson, NationsBank, AT&T, Allstate Insurance Company, Eastman Kodak Company, and others. The word quality in the title of this effort is crucially important. Recent national studies on the supply and demand of childcare indicate that while the supply of childcare has increased dramatically over the last twenty-five years, cost has remained flat and quality has declined.[9] Furthermore, the regulations governing the 1990 Childcare and Development Block Grant (CCDBG) hamper states' ability to develop initiatives that improve quality.[10] The ABC collaboration indicates that the corporate community, aware of how much it has to lose by a poorly prepared workforce, is taking up the banner of quality. In doing so, the corporate community seems to be saying that if the government will not provide safeguards and quality assurances for *their* employees' children, they will.

• Additional future trends: trying to change the culture of the workplace to make it more family-friendly.

Work-family management training efforts will continue but will also change. It is becoming increasingly clear to leading companies that four hours of training cannot change a culture. In the future, one can expect to see training expanded beyond one session and

Continued on page 21

■ by Christine Vogel

LEVI STRAUSS AND CO.— A Work/Family Program in Action

Levi Strauss and Co., the blue jeans maker founded in 1850, leads *Money Magazine's* June, 1992 list of major companies providing the best employee benefits. Long vacations, all Friday afternoons off, and health insurance for unmarried partners (irrespective of sexual orientation) are just some of the benefits that make the world's largest apparel manufacturer a leader in helping employees balance their work and personal lives.

The company's corporate mission and aspiration statement vows a "commitment to balanced personal and professional lives," and more than three years ago U.S. employees, nearly 23,000 strong, challenged the company to define that commitment. An 18-member Work/Family Task Force, sponsored by Robert D. Haas the company's chair and CEO, set itself to meet the challenge.

The task force, diverse in ethnicity, gender, lifestyle, family status, and job responsibilities, was a microcosm of the company itself. Its intent was to make recommendations which would positively affect employees' overall quality of life. As a result, members focused on the concept of balance and recognized as an issue anything that caused stress in an employee's life, regardless of whether it occurred at work or at home. And from the very start, the task force expressed its respect for diversity by defining "family" in the broadest possible sense, to include **all** those with whom employees have important relationships—parents, children, siblings, and significant others.

With the help of the Families and Work Institute in New York, the task force developed surveys for the three major employee groups: management and other white collar workers; local payroll employees in plants and customer service centers; and sales employees. More than 17,000 employees (nearly 80 percent of Levi Strauss' U.S. workforce) completed the surveys.

A Work/Family Philosophy

Based on the findings, the task force identified different needs and issues as priorities for each employee segment within the company. Their recommendations, approved by executive management in late 1990, were combined with existing company initiatives—such as part-time work, telecommuting, flex-time and job sharing—to create an overall Work/Family Program, aimed at making Levi's a family-friendly workplace. The long-range goal: to change ways of thinking so that work/family will be viewed not only as a program, but as the outgrowth of a philosophical perspective, a new way of doing business that ultimately contributes to the company's bottom line.

Providing Flexible Work Schedules

Flexibility and time off were major concerns of professional employees based at the home office. The Time Off With Pay Program (TOPP) was designed to meet those needs. While many other companies have instituted flexible time-off plans, Levi's is unusual in that it doesn't differentiate between sick days, vacation time, etc. And because the company expanded its definition of family, employees can, if they wish, take a [unpaid] leave of absence to care for anyone they regard as a significant other. In addition, the company redefined the notion of "family leave," calling it leave for "compelling versus noncompelling reasons." This gives both employee and employer greater flexibility in arranging and granting time off.

Addressing Childcare is a Must

Recognizing the need for a broadly based approach to childcare, especially among hourly field location employees, the company has created several childcare initiatives. It created a Corporate Childcare Fund to provide employees with greater access to affordable, quality childcare. The goal of the fund is to increase the supply, and improve the quality, of childcare services for hourly employees and the communities in which they live and work. The Child Care Fund allows the company to make grants to local, certified, non-profit providers whose services are judged to be of high quality. The providers must serve or have the potential to serve Levi's employees. Grant monies can be used for expansion of services, start-up of new programs or quality improvement of existing programs. [For more information on Corporate funds see article on page 10 of this issue.]

To accommodate the needs of hourly employees with lower incomes, the company is also testing the concept of Child Care Vouchers. This is a relatively new approach to childcare; only five major companies in the U.S. currently use it. Levi Strauss is model testing the program for its hourly employees in Texas and Arkansas. Employees who qualify, based on need, receive a monthly subsidy that covers childcare costs. Levi's gives the employees a check at the beginning of each month made out to the childcare provider. The company will evaluate the program at the end of 1993. Part of that evaluation will include surveys of those who used the vouchers and of those employees who were eligible, but did not take advantage of the benefit.

At the other end of the spectrum, eldercare research is underway and pilot programs will soon be implemented. This area emerged as a priority concern among all surveyed employees, particularly those in the company's sales staff, many of whose children are beyond the age where childcare is an issue.

Healthcare benefits, which now include a vision-care membership plan, are available to all Levi's employees in the U.S., and Employee Assistance Program services in the field have been significantly expanded.

Despite a generally innovative approach to employee benefits, Levi Strauss has not yet embraced a "cafeteria style" program. While the company gives employees some latitude in how they "spend" their healthcare benefits, they cannot shift benefits from one arena to another. For example, an employee who exercises regularly and doesn't smoke can't yet move a portion of his or her healthcare benefits to cover the cost of a health club membership.

Recognizing Cultural Diversity

Cultural diversity is an issue for a large multinational like Levi Strauss, which has operations worldwide, and the company has a specific program which focuses on all aspects of cultural diversity as they affect employees. The company has a three-part training program for all employees, including managers, one aspect of which focuses on cultural diversity. At the home office, there are four active affinity groups—African-American professionals, a Latino leadership group, an Asian-Pacific Islander group, and a gay and lesbian group. They meet regularly to network, and sponsor awareness programs on issues that are relevant to their particular group. Senior management representatives from each of these affinity groups sit on the company's diversity council (one of whose members is the Senior Human Resource Manager). This provides a structure through which the company can effectively address a wide variety of cultural issues.

In the U.S., the work/family program has already taken steps to address several employee needs. All in-house work/family materials are printed in English and Spanish. A bilingual resource phone line is in the planning stages and should be in operation before the end of the year. Employees will be able to use it to get answers to any questions they may have about childcare issues.

The Challenge of Managerial Training

The task force discovered that many employees viewed Levi's work/family policies as progressive, even before the formal creation of the Work/Family program. At the same time, they felt that the company needed to train its managers to implement these policies. Robyn Chew-Gibbs, Manager of Work/Family Programs for Levi Strauss, agrees that the biggest challenge she's faced has been adequate supervisor and managerial training. "Many just don't see the need to balance work and family as a business issue. Others get frustrated because they may not know how to do what we're asking of them. For instance, an employee may request a leave of absence to climb the Himalayas because he's 'stressed out.' The employee may regard this [stress] as a 'compelling reason.' To a manager, it may not make any sense. We need to help them listen to what the employee is saying, assess their business needs and then decide if they can accommodate a request. Many of them haven't been asked to manage like this before."

In training managers and supervisors, Chew-Gibbs plans to focus on basic issues such as the company's history and corporate culture, as they affect the Levi's goal of creating a "family-friendly" work environment, as well as issues of overall family diversity.

Change takes time, and Robyn Chew-Gibbs has no doubts about the company's overall commitment to helping their employees balance the demands of work and family. The employees themselves have indicated strong support for the company's wide range of policies and benefits: Eighty-seven percent "strongly approve" of benefits being offered, even if they don't need those benefits themselves.

Christine Vogel is staff writer for the Family Resource Coalition.

Employer Guidelines for Work/Family Programs

We asked Arlene Johnson, (Director of the Conference Board's *Work-Family Roundtable*) who tracks new work/family efforts how an employer who is interested in becoming more supportive of working families should approach the task. Johnson said that all employers developing work and family programs need to: examine the needs of their employees; determine what resources are currently available; and clarify the objectives of the proposed program.

Most employers review their current human resource policies and benefits and conduct an employee-needs assessment as they begin their work. According to Johnson, the essential ingredients of a basic work/family program are:

- family leave policies,
- flextime or some kind of alternative work schedule, and
- dependent-care resource and referral services.

Once the basics are in place, an employer may seek to enhance these programs by adding part-time, job sharing or work-at-home options, specific childcare benefits, opportunities for family leave with part-time return to work, and/or eldercare assistance.

There are some consistent lessons being learned by employers who have implemented work/family programs:

- No one kind of program addresses everyone's work-family need. In approaching work and family concerns: the more comprehensive, the better.

- Work and family programs are not, nor should they be, solely designed for women. Family responsibilities are not solely a woman's issue but everyone's.

- Work and family programs are not only for parents of young children. Benefits and services extend beyond leave policies and childcare. Indeed, in addition to addressing school-age children and teenagers, work and family concerns include eldercare and the quality of each worker's home life.

- Time and flexibility are the "uncharted frontier" of work and family programs. [See sidebar.]

- Work and family programs are **not** as costly as feared, but they are **not** as easy as is imagined either. Changing the way people think about work is the largest barrier to implementing work/family programs.

- Employers are most successful when they view work and family programs as part of their overall business strategy rather than as accommodations for special employees. Work/family initiatives tied to objectives of quality and productivity are the most effective.

Johnson identified four different approaches which employers use for planning their work and family programs. Determining which fits with the company's goals and philosophy helps focus the planning process. They are:

(1) A **life cycle** approach, meeting employees' needs throughout their careers as workers. [See the chart, opposite page.]

(2) **Working incrementally** through stages such as those identified by Ellen Galinsky of Families and Work Institute, (see her article on page 2) **or working comprehensively** to revamp the organization's policies and benefits relating to work and family concerns.

(3) A **benchmarking** approach in which an employer looks at what other similar industries or organizations provide in the work and family area and decides whether to be a leader or in the middle.

(4) **Responsive**, using the results of the employee Needs Assessment to plan work and family programs. These suggestions can be the least costly, most creative, and most closely tied to productivity.

In summarizing, Johnson said "There is an essential **core** of work and family programs. Around the core, companies are experimenting. Many programs do not require extensive planning and resources, and can be offered fairly simply and at low cost."

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TIME FOR WORK AND TIME FOR FAMILY: The Unmet Challenge

■ **by Barney Olmsted**

There is no more pressing need for members of today's working families than discretionary time. And as a result of employee pressure for more flexibility and of a closer look at bottom-line issues like recruitment, retention, absenteeism and turnover, more firms are beginning to understand that in today's social and economic context, flexible work arrangements make good business sense.

Flexible work arrangements like job sharing, regular-part-time, compressed schedules, flextime, and telecommuting can be viable options for employees. "It's a paucity of good part-time opportunities that drives both partners to have to work full-time" says Faith Wohl, Director of Workforce Partnering at Dupont.

But the emphasis in this statement must be put on **good** if families are to benefit. Women —and men— shouldn't have to become second-class workers in order to reduce their work schedules. Too often, flexibility in today's workplace is purchased at the cost of pay scale, benefits, and standing in the labor force. Pay for part-timers averages 10-15 percent less than full-timers doing the same work; most part-timers still do not receive health benefits and many are subject to unequal treatment—denied training, career advancement, and job security. Ensuring that flexible work arrangements are offered equitably is a major challenge for the 1990s.

Employer awareness and interest are definitely growing. But continued efforts by pioneering employees and progressive companies are needed to make a 'business case' for options like job sharing and flexplace that will create supportive management attitudes and organizational cultures. After all, just a few years ago, the complete separation of work and family issues was the norm. Making balance the new norm, so that people can be both good employees and good family members, is the challenge that remains before us.

***Barney Olmsted** is Co-Director of New Ways to Work (NWW), a San Francisco-based resource development and advocacy organization that she co-founded in 1972. NWW has been a leading pioneer in the field of work time options, promoting wider use of new arrangements like job sharing, flextime, flexplace, phased retirement, and work sharing. A NWW publication list is available by sending a self-addressed stamped envelope to: 149 Ninth St., San Francisco, CA 94103.*

From "A Life Cycle Approach to Family Benefits and Policies"
by Dana E. Friedman and Wendy B. Gray
The Conference Board, Perspectives, Copyright 1989

Life-Cycle Stages and Company Programs

	Financial Assistance	Programs & Services	Counseling & Information	Time
New Worker	•Health and Dental Insurance •Disability Insurance •Life Insurance •Pension and/or other Retirement Programs •Other Benefits	•Fitness Center •Employee Assistance Programs (EAP) •Health Risk Appraisals	•Wellness and Health Promotion Programs •EAP	•Holidays •Vacations •Sick Time •Disability Leave •Leave of Absence •Death in Family •Other
Marriage	•Spouse Benefits •Flexible Benefits •Spouse Becomes Joint Annuitant in Pension Planning	•Spouse Relocation •Job Search Assistance for Spouse	•EAP	•Marriage Leave
Pregnancy and Adoption	•Adoption Benefits •Medical Coverage for Prenatal and Post-natal Care •Coverage for Delivery at Hospital or Birthing Center •Change in Beneficiary Coverage for Employee Benefits		•Prenatal Courses •Information from Benefits Manager	•Parental Leave of Absence •Maternity Disability Leave •Use of Accumulated Sick Leave •Alternative Work Schedules and Job Arrangements
Childrearing	•Medical and Dental Coverage for Dependents •Well-Baby Care •Dependent Care Assistance Plans (DCAPs) •Vouchers, Discounts •Life Insurance for Dependents	•On-site Child Care •Family Day Care •School-age Care •Sick Care •Breast Feeding on site	•Referrals •Seminars •Support Groups •Handbooks •EAP	•Parental Leave •Flexible Work Hours •Use of Accumulated Sick Leave •Earned Time-Off Policies •Sick Leave for Family Illness
Divorce	•Garnishing Wages •Step-Children •Coverage in Medical and Dental Plans •Divorced Spouse and Dependents can continue Medical Coverage for up to 36 months (COBRA)	•Pre-paid Legal •EAP	•EAP	•Personal Leave of Absence
Elder Care	•DCAPs •Long-term Care for Dependents •Respite Care	•Adult Day Care •Pre-paid Legal •EAP	•Referrals •Seminars •Support Groups	•Family Leave •Flexible Work Hours and Job Arrangements •Use of Accumulated Sick Leave •Earned Time-Off Policies
Retirement	•Pensions •Retiree Health & Dental Care; Life Insurance •Long-Term Care •401(k) Plans and other before-tax Savings Plans		•Pre-retirement Counseling •Newsletters for Retirees •Telephone Hotlines	•Part-time Employment for Retirees
Death	•Spouse and Eligible Dependents can continue Medical Coverage •Beneficiaries receive Life Insurance and other Benefits •Spouse receives at least 50% of remaining Benefits	•EAP	•Grief Counseling through EAP	•Funeral Leave •Personal Leave of Absence

■ **by Susan Lambert, Ph.D.**

One Company's Experience: Fel-Pro Family Policies Pay Off

The University of Chicago's School of Social Service Administration and Graduate School of Business conducted a study of corporate family-responsive policies at Fel-Pro, Inc., a manufacturing firm located in Skokie, Illinois. Fel-Pro provides many family-responsive policies and programs, including an on-site childcare center, an employee assistance program, a dependent care resource and referral service, a sick-child care service, subsidized tutoring, a summer day camp, and scholarships for employees' children. The study focused on identifying the conditions under which family-responsive policies are translated into both good work performance and personal and family well-being. The study also tried to determine the role that family-responsive policies, in general, play in creating a supportive work culture, a culture which may make it easier for workers to manage their work and family responsibilities. The conceptual expectation was that family responsive policies lead workers to perceive their organization as supportive, as responsive to them as a person, and that this is true whether or not workers actually use the benefits. This sense of perceived organizational support, was anticipated to promote both organizational and family well-being.

Methodology

The research combined survey data with data on worker performance from organizational records. A self-administered questionnaire was used to gather information on employees' use and appreciation of Fel-Pro's benefits, their job characteristics, their attitudes toward supervisors and coworkers, their personal problems and responsibilities, and the quality of their parental and marital relationships. Organization records provided information on employee demographics, absenteeism, disciplinary actions, performance ratings, job promotions, and participation in decision-making. Questionnaires were distributed to a total of 879 of Fel-Pro's 2000 employees. Random sampling techniques were employed to sample work groups, headed by a first-level supervisor. Because the responses to the survey were confidential, but not anonymous, responses of a worker to his or her supervisor, and the responses of workers in the same work group could be linked. This allowed for the study of attitudes and behaviors up and down the chain of command, and could help identify the role that work group norms play in explaining workers' use of benefits.

The Fel-Pro workforce is a diverse one, and the sample reflects this diversity. The respondents represented a wide range of occupations, from assembly line workers and clerical workers to engineers and managers: 37% of the respondents were women; 20% of the respondents were Hispanic; 12% were African-American; and 60% were Caucasian. The overall response rate was about 70 percent: 96% of the office workers, 52% of the factory workers, and 80% of the supervisors returned their completed questionnaires. There was some "response bias" in that Hispanics and African Americans have a lower response rate than whites.

Use of benefits

The data indicate that Fel-Pro employees make good use of the benefits available to them. Employees were asked to identify the benefits they have used while working for Fel-Pro. Fully 72% of the respondents have used at least one benefit. Forty-one percent of respondents have availed themselves of psychological, substance abuse, or legal counseling; 54% have participated in some kind of health promotion activity, such as the on-site fitness center, weight-loss program, or smoke cessation program; 13% have been supported in their responsibilities for taking care of an elderly family member, either through the resource and referral service or by using the emergency dependent care service; 30% of the respondents have gotten a tuition reimbursement from Fel-Pro. Among workers with children, 26% have secured summer employment at Fel-Pro for at least one of their children; 24% have received a scholarship for their child's education; 15% have secured subsidized tutoring for a child; and 40% have sent a child to Fel-Pro's summer day camp.

Use by employee characteristics

There is some variation as to who uses which benefits the most. Supervisors and office workers were more likely than lower-level factory workers to have gotten a tuition reimbursement, to have received some kind of counseling, and to have participated in some health promotion program. But there are no differences between supervisors and workers or between office and factory workers on their use of supports for their children. Neither are there many differences in the use of benefits by men and women, although when we look at the use of individual benefits, significantly more women have used the on-site childcare center and the summer camp.

The use of benefits by Fel-Pro's ethnically diverse workforce has revealed interesting patterns, especially in educational supports for children: 28% of Caucasian respondents with children, 21% of Hispanic respondents, and 14% of African-American respondents with children have received a scholarship from Fel-Pro for their child's post-high school education. Of respondents with children, 14% of Caucasian employees, 19%t of Hispanic respondents, and 9% of African American respondents have taken advantage of Fel-Pro's subsidized tutoring program for at least one of their children.

Benefit satisfaction

Fel-Pro employees not only use many of the benefits available to them, they place a high value on them as well: 92% of those responding to the survey agreed or strongly agreed with the statement "If I had to pay for them myself, I couldn't

afford most of the benefits and services Fel-Pro provides;" 91% disagreed with the statement that "Fel-Pro wastes its money by offering all the benefits it does;" Indeed 63% disagreed with the statement: "I'd rather have more profit-sharing and fewer benefits;" 77% agreed that one of the major reasons they continue to work for Fel-Pro is that another company might not match the overall benefits they have. What have Fel-Pro's benefits helped workers to do? Ninety percent agreed that Fel-Pro's benefits have made it easier for them to "balance their work and personal life;" 75% said that Fel-Pro's benefits have helped them through some bad times. And 70% of respondents with children agreed that Fel-Pro's benefits have helped their children "do things they wouldn't have been able to do otherwise." In summary, the data indicate that Fel-Pro's family-responsive benefits are a real strength of the company. People use them, and in general, appreciate them.

Perceived organizational support

The findings seem to indicate that the more benefits workers use, and the more they value those benefits, the more supportive they perceive Fel-Pro to be in general. This is true no matter what kind of job they hold, how long they have been at Fel-Pro, and or what their gender or race. Also, the more supportive the supervisor and cohesive the work group, the more workers perceive Fel-Pro as supportive. But it is not just how much workers like their supervisor and coworkers, it is also how supportive supervisors and coworkers are when workers have personal and family problems. Nearly a quarter of the respondents reported that they regularly approach their supervisor for help with personal and family problems. Eighty-one percent of workers said their supervisor is helpful when they have family emergencies or when they have routine personal or family matters to attend to. And almost three-fourths of all supervisors (72%) reported that workers came to them with personal or family problems during the past year. The preliminary results suggest that when workers perceive their organization as supportive, they, in turn, are supportive of the organization, and this presumably affects their work performance.

Summary

Although these are preliminary results, they seem to hold some important implications for companies and individuals interested in developing more responsive workplaces. First, the results suggest that although the majority of workers may not use any one benefit, when workers are provided with a menu of supports, they use what is appropriate and useful for them. Thus a company should think of providing multiple supports which meet the various needs of workers with different characteristics and in different stages of the life cycle. Second, these results suggest that having supportive organizational policies is not enough; other factors in a workplace may have to change as well for workers to feel their organization is a supportive one. Companies need supervisors who are supportive and flexible when workers have personal and family problems. They need work groups which have positive attitudes about the seeking and offering of help in the workplace, and jobs which do not overwhelm workers with ambiguous and conflicting responsibilities.

The study's final report, which will be disseminated to the business community and policymakers, will examine the use and appreciation of family-responsive policies and how these relate to work performance in traditional and non-traditional ways. That report will also discuss in greater detail how benefit use relates to workers' mental and physical health, and to the quality of their marital and parental relationships.

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by Dana E. Friedman

Corporate Funds Build Resources for Working Families

In the past two years, IBM, AT&T, NYNEX, Levi Strauss & Co., and Pacific Bell have together contributed more than $42 million dollars to childcare and eldercare programs to benefit their employees and local communities. The strategy used is the "Fund," the newest form of corporate support which designates a sum of money for investment in the improvement of community services. While the Funds have specific guidelines and goals, as well as formal procedures for releasing corporate dollars, many more companies have developed "set-asides" for specific childcare and eldercare initiatives that are less highly structured. A new form of corporate funding that provides a direct benefit for the contributing company, while improving the overall supply and quality of services in the community seems to be emerging.

Why the Fund?

The concept of the Fund is a natural next step for companies that have already responded to other childcare and eldercare needs of their employees. Most employers help their employees find or pay for services through resource and referral programs, vouchers and Dependent Care Assistance Plans (DCAPs). The effectiveness of these efforts depends on the adequacy of services in the community. If services are in short supply or they are of low quality, then employees will be absent or tardy while conducting a lengthy search or looking for backup arrangements when the service breaks down. They may become distracted at work due to worry about the care their dependents are receiving. The Fund is a way to help improve the supply and quality of services so that other corporate efforts can yield their intended effects.

Another attraction of the Fund is the way it improves relations with the community. R. Michelle Green of NYNEX talks of the "warmth" that the Fund creates between services and her company. Community relationships are particularly important when a company's downsizing or layoffs negatively affect the local economy.

For multisite companies, the Fund offers a very flexible strategy for meeting a variety of needs in a variety of communities. "It's a perfect application of equity," says Michelle Green of NYNEX. "We're telling our employees, 'You're important whether you're at headquarters or in Podunk.'"

Some companies feel that the Fund is a more visible way to make community investments than foundation grants. Given the novelty of the approach, it is the new darling of the media. In addition, employees may be more aware of Fund efforts because of priority enrollment or other direct benefits they receive. The Fund offers a doable, flexible alternative that can be adapted to a wide variety of situations.

How do Funds work?

There are two basic models of Fund activity, with some variations on those themes. First is the **employee sponsor** model that requires employees of the company to recommend worthwhile community programs for funding. The other mode is the **targeted** approach which involves an assessment of community needs and the dissemination of a Request for Proposals for local organizations to meet those needs.

The biggest advantage of the employee sponsor model is that it gets employees involved and educated, which may lead to further advocacy of work-family policies internally. This seems to be a preferred model for heavily unionized companies. The biggest disadvantage is that it is extremely labor-intensive, requiring significant communications efforts, thorough research of proposals to make sure they meet a real need among employees or the community, and a Board structure for review.

The greatest advantage of the targeted model is the assurance that the funded program meets a real need in the community. Most assessments and the RFP process are contracted out, so that the labor effort is not borne by the company. The biggest disadvantage is its top-down orientation and less involvement by employees.

Both models require significant start-up time and communication efforts, but the employee sponsor model requires greater effort before grants are made (to stimulate employee sponsorship), where the targeted model requires more communication after grants are made (to assure that employees are aware of the newly funded programs in the community). According the Mary Kay Leonard of Work/Family Directions, which administers several targeted Funds, the employee sponsor and targeted models "work best together." This is the direction that AT&T has taken. Its initiative, along with those of several other corporations, are described below:

AT&T: The Family Care Development Fund was created as a result of bargaining between management and the unions (Communication Workers of America [CWA] and the International Brotherhood of Electrical Workers [IBEW]). A commitment of $10 million was made for a three-year period for childcare and eldercare initiatives. Begun in January, 1990 with assistance from the Families and Work Institute, FCDF has disbursed approximately $8 million as of June, 1992, with a commitment of $15 million over the next three years.

The Fund is administered by two Boards—one for programs that benefit union members and one for management. A staff reviews those applications submitted by employee sponsors and the Boards make final funding decisions. Work/Family Directions helps AT&T with its targeted funding in specific communities where AT&T has a large presence. A specific set-aside of $300,000 has been made to help childcare programs used by AT&T employees to become accredited by the National Association for the Education of Young Children (NAEYC). Approximately 2,000 employees have requested information about the accreditation grants and 268 programs have applied to go through the process. Besides improving the quality of childcare program, this strategy also helps employees to become educated about what constitutes program quality.

IBM: Also begun in January, 1990, IBM's Fund plans to make $25 million worth of grants—$22 million for childcare and $3 million for eldercare. IBM uses the targeted approach exclusively, and works with Work/Family Directions to assist in the identification of community needs and in the RFP process. During 1990 and 1991, IBM funded 149 projects (129 in childcare, 20 in eldercare), providing $9.6 million and leveraging it with approximately $3.5 million of other companies' funding.

Like AT&T, IBM has made a commitment to NAEYC to help centers used by employees to go through the accreditation process. They also have a focus on after-school care, creating new programs through the schools in Danbury and Southbury, Connecticut and Brewster, New York, and through the YMCA in Burlington, Vermont.

In San Francisco, IBM funded a computer learning center for senior citizens.

IBM will use its fund to create community collaborations. This effort, called the "American Business Collaboration for Quality Dependent Care" will enable IBM to fund projects in smaller communities where they are not the major employer.

NYNEX: Begun in September, 1991, the Dependent Care Development Fund has a commitment to spend $6 million over four years for childcare and eldercare services. The Fund was the result of collective bargaining and is administered by joint labor-management committees. One of the most positive aspects of the Fund has been the sound working relationships developed between labor and management staff responsible for the Fund's administration. Relying on the employee sponsor model, applications are reviewed by Local Work-Family Committees in each of the five operating companies that make up NYNEX. A Regional Work-Family Committee makes final decisions based on recommendations from the Local Committees. In the first year of the Fund's operations, $1.8 million has been granted to 66 organizations—52 childcare, 11 eldercare, and 3 intergenerational.

Levi Strauss & Co.: The Levi's Child Care Fund is part of a long-term strategy developed by the comany's Work/Family Task Force. Launched in January, 1992, in four pilot communities, the Fund is unique in that grants are made with charitable dollars and administered by community affairs. This means that only non-profit programs can be funded and there can be no direct benefit to Levi's. This does not mean that the needs of Levi's employees don't affect funding decisions. Levi's is often the largest employer at its plant sites, and therefore any improvement in services will ultimately benefit Levi's employees. While the Levi's Fund may follow more of the targeted model, grants are driven by employees' needs identified through focus groups and surveys. In 1992, it is anticipated that $500,000 in grants will be made.

Knowing that half of their employees' children were between the ages of 6 and 12, Levi's concentrated on school-age children and summer programs. For instance, in Fayetteville, Arkansas, a $41,000 grant created 20 new slots in a summer program, allowed the program to open 20 minutes earlier to conform with the hours of the plant, provided transportation so that children could be picked up at the plant and taken to the program, and improved program quality with new equipment. In Warsaw, Virginia, a $50,000 Levi's grant helped stabilize a non-profit childcare center.

Pacific Bell: This is one of the few Funds devoted exclusively to school-age childcare. 1989 bargaining made the Fund possible. A survey of employees indicated the presence of more school-age children than preschoolers. According to Emily Bassman who administers the Fund, "We decided to have a large impact on a single issue, rather than a small impact on lots of issues."

Pacific Bell and Communication Workers of America representatives selected seven sites where it had a concentration of employees and hired Work/Family Directions to assess needs and develop RFPs for funding. They have made 10 grants, funding 18 programs in multiple locations. The average size of the grant has been $20,000-$30,000, depending on whether funding is for start-up or expansion. Pacific Bell employees receive priority enrollment in funded programs, and about 100 employees have benefitted from the initiative thus far.

Recommendations for Other Employers

One of the most important ingredients for the success of a Fund is to be part of an overall work-family strategy. Resource and referral services are critical to the success of Funds because they provide a means of community needs assessment and a way to offer ongoing information to employees. Also, as employees become better educated about dependent care issues because of the Fund, they may feel "safer" voicing their concerns. The company should be prepared to respond to new demands.

Communication is critical. As Merle Lawrence of Levi's said, "The idea may come from the top, but you need time to communicate to the bottom." It is also important to have clear goals for the Fund and a strategy for measuring success. These will help justify continued funding.

While some of the largest companies in America pioneered the Fund concept, it is clear that smaller sums of money can make a difference, particularly in small or rural communities. According to Deborah Stahl of AT&T, "It doesn't have to be $10 million...A company can do a lot in one community with $20,000." Community groups should consider recommending this option to employers and be ready to advise them about community needs if the idea of a Fund is pursued.

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■ by Christine Vogel

Program Providers' Roundtable on Work and Family Issues

Family Support Programs

Richmond, Virginia
Sally Zierden, Education and Training Supervisor

Established: 1984

Organizational structure: outgrowth of primary prevention programs of Memorial Child Guidance Clinic

Funding: United Way, corporate contracts, grants, fees-for-service

Fees: none for direct service employees, sliding scale for community residents

Accessibility: extended evening hours, work-site programming for employees, program site services, community site programming

Population served: 25,000 direct service via 5 corporate contracts, indirect services to another 15-20 companies

Direct Employee Services:
- parent education workshops
- parent support groups
- outpatient mental health services
- 24-hour warmline (KIDTALK) for parents and childcare providers

Services to employers:
- employee needs assess ments
- consultations re: family policies and benefits
- managerial training
- employer roundtable discussions on childcare issues
- customized program design

Additional services:
- technical support for community programs
- resource center and toy equipment library
- provider recruitment and training
- referrals for childcare, camp, community resources

Many community-based service providers focus their programming and services on ways to help parents and children better meet the often overwhelming demands of work and family life. Some provide an array of resources to employers to assist them in supporting working families and in developing and retaining a productive workforce.

Recently, we talked with the directors of five such programs. Based on input from a work/family survey conducted by the Family Resource Coalition in late 1991, we selected these programs because of the comprehensiveness of the services they offer employers, employees and family members in the communities they serve. They differ in their locations, organizational structures, and sources of funding.

[See sidebars for details.]

In our discussion, we were particularly interested in how these program providers work with employers; how they address the special needs of lower-income employees; how they address family and cultural diversity; and what they see as the major differences between employee and employer needs when it comes to work and family issues.

Family Resource Coalition: *What sorts of services do you provide low-income employees?*

Sally Zierden (Educational and Training Supervisor, Family Support Programs): We adapt the content of our parent education workshops to meet the needs of lower income parents, many of whom have a lower literacy rate. For instance, we might go into a settlement house to present a program and use videotapes or games, instead of the book we might use with another group of attendees. We also offer our technical services at no charge to people [in the community] who are developing literacy programs.

Kathy Palamara (Director, Center for Kids & Family): We offer our parenting programs at a variety of levels and we'll present them at our own site or at the worksite, as requested by the employer.

We also work with many parents who've been referred by the courts or by the Department of Youth and Family Services, and we've developed some of our programs in direct response to the needs of those parents.

Rae Goodell Simpson, Director, (MIT

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Parenting Programs): Because MIT has such a diverse population, we've done special needs assessments of the "hidden employees" who are less likely to seek out help. We do a lot of networking and listen carefully to what we hear from the medical and human services communities here, as well as from the office of union relations.

If we offer a program that attracts people we haven't seen before, we follow up to get their evaluation. We're also aware that some employees who aren't comfortable with classroom learning may also be uncomfortable with workshop formats. We're currently exploring alternate ways to reach those employees and we have formed a parent advisory committee to help us with overall planning.

Mary Dooley Burns, (Director, Work & Family Spectrum): Our noontime brown bag lunch seminars focus on issues of work and family balance. We've found that nearly 60 percent of those who attend these downtown seminars are support employees.

We work with the community, public schools and area colleges, and they offer numerous programs for low-income families. For instance, the technical college system sponsors the "Discover" program, which is designed to help low-income and displaced homemakers explore non-traditional career paths. We work with the time management and parenting skills portion of the program.

FRC: *What about program fees?*

Palamara: When we do charge fees, such as for multi-session parent education classes, they're structured to match with the hospital's sliding scale. We offer scholarships for our latchkey and children's programs. When state agencies refer parents to us for required parent education classes, they pay the fees; families don't have to pay at all.

Joan Hoskins (Director, Work and Family Resource Center): We don't charge fees to anyone, but we are able to spend more time with parents and family members who are employees of companies with whom we have direct service contracts.

Zierden: We're able to offer all our outpatient psychiatric services on a sliding scale. A flat $15 fee every six months gives community parents who aren't employees of the companies with which we contract access to a current detailed listing of all the childcare providers in their zip code area. We can adjust this, as well as the fee for our parent education classes if parents indicate they can't afford to pay. We've gotten grant monies to provide parent education services to high-risk parents and children. One of the ways we use this money is to make an [subcontractor] arrangement with another agency, like Big Brothers or Big Sisters, to run parent education classes for them. The service is free to the families they serve.

Simpson: We used to charge five to ten dollars for a workshop series, mainly to cover copying costs. But now all of our workshops and seminars are free. We also offer no-cost confidential individual consultations and group briefings about childcare, often focusing on affordability issues, to MIT employees. We see about 500 parents a year for that service, which isn't available to the general community. And we tend to see even wider ethnic and economic diversity here than in our public workshops.

Burns: We charge $3 for our noontime seminars. For people who are unable to pay for other services, the Minneapolis schools have an initiative that provides scholarship monies to the underserved population in the community, such as high-risk parents or those who are in work-readiness programs.

FRC: *How are family diversity and cultural diversity addressed in your programs?*

Palamara: We work closely with local cultural associations and offer on-site programs in their own support areas, individualizing our programs to meet their needs. We've set up outreach programs and opened satellite centers on behalf of local social service agencies, and we've done our best to sensitize local social service agencies and businesses about the different cultural pockets in the county.

Not long ago, we ran a four-week cultural awareness program in one of the schools which had a high percentage of low-income, poorly educated parents. We brought parents from that community in as a way of strengthening their connection with the school and we focused on giving the staff communication tools which would help them work more effectively with this population.

Simpson: Family diversity is a given at MIT. We have first-time parents who range in age from their teens to their forties. We run support groups for divorced parents, working mothers, dual income parents. Recently, we offered a program on gay and lesbian parenting.

We're very sensitive to cultural issues because MIT is such an international community. We've done parenting programs on raising children for a

Massachusetts Institute of Technology (MIT) Parenting Programs

Cambridge, Massachusetts
Rae Goodell Simpson, Director
Established: 1972
Organization: part of the university's Office of Special Community Services
Funding: MIT
Fees: none for MIT employees; workshops and seminars free to non-MIT employees
Accessibility: on campus
Population served: 20,000 MIT employees, students, and their families

Direct Employee Services:

- parent education workshops
- ongoing support groups
- referrals for childcare, eldercare, camp
- school activities
- individual consultations for childcare referrals

Services to employers:

- employee needs assessments
- consultation on family policies and benefits
- referrals to community resources
- development of collaborative community relationships with city of Cambridge

Additional Services: workshops and seminars open to community on-campus resource library

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Work & Family Spectrum

Minneapolis, Minnesota
Mary Dooley Burns, Director
Established: 1987
Organizational structure: cooperative sponsorship between Minneapolis public schools and downtown employers Corporate advisory board
Funding: Minneapolis public schools and some business donations
Fees: $3—noontime seminars, public school initative provides scholarship monies for underserved population
Accessibility: 3 downtown locations flexible worksite programs
Population served: 100 downtown employers and employees (3,000); students, unemployed, elders, homeless, in downtown area (1,000)
Direct employee services:
- workshops, seminars
- support groups
- individual consultations
- childcare, eldercare referrals

Services to employers:
- employee needs assessments
- on-site programs
- managerial awareness, training seminars

Additional services:
- resource library
- downtown information kiosk
- mobile information kiosk

multicultural world: raising bicultural children: and the challenges of mixed-faith holiday celebrations.

We're also sensitive to the fact that different cultural groups respond differently to family support. Many of our Asian families, for example, feel shame about seeking help outside the immediate family; they also have a fear of authority, which includes MIT itself. We try to get to know these families in social settings first.

Hoskins: We have programs and qualified staff to focus on issues of ethnic and cultural diversity, and what that may mean for employees in the workplace, but we don't yet get many requests for these programs from the companies we work with. Many still view work and family as "soft" issues, totally separate from bottom-line concerns about profit and productivity.

Burns: We've found diversity to be a real "hot button" in the corporate sector right now. So we offer a wide range of programs that address these issues — raising children without bias, racial awareness, living in step-families, success for single parenting, non-custodial parenting, and grandparenting.

We've developed a series of programs that look at diversity through the eyes of a child and we use them when we work directly with companies who are exploring these issues. It's a basic approach, but it helps them begin to meet their goals.

***FRC:** How specifically do you work with employers to educate them about work and family issues and their impact on the employee in the workplace?*

Hoskins: We focus on employee needs assessments and on the critical importance of training managers and supervisors to view employees holistically. Mid-level and front-line management training can really change a company's operations. Of course, many companies are concerned about spending money in this economy, and if the company CEO doesn't "get it," programmatic suggestions are hard to implement.

Burns: We offer cost-effective on-site managers' awareness seminars. We present "employee" case studies based on a variety of family and cultural contexts, get managers to relate current company policies to these issues and then explore possible future practices. We've developed training and participant manuals for several programs. Companies can purchase the materials and run the programs themselves or invite us in as facilitators.

Simpson: I see our work as part of a process that conveys information and changes attitudes. I think the very presence of our program has established the idea that thinking about work and family issues—and seeking information and support—is appropriate. The fact that MIT has established a work and family task force is evidence of their commitment to view this issue as part of their ongoing work as an institution.

Palamara: Most of the employers in our area use us for "by-the-way" referrals. Say a manager is talking with an employee about excessive tardiness, and the employee begins voicing concerns that seem related to issues at home. The manager can give the employee our number; it gives him a chance to do something active without being intrusive.

When we work directly with employers, our aim is to sensitize them to the idea that family concerns affect on-the-job performance. We also speak a lot about balance—both with companies and with employees.

Zierden: When companies contract directly with us, we spend time educating them about employee needs, getting them to understand why we suggest particular employee benefits, especially in the area of childcare. We also provide them with regular reports illustrating specific ways employees benefit from new policies.

When FRC asked about the differences between employer and employee needs, the representatives of these programs all gave similar responses. On the employee side: flexibility, greater sensitivity on the part of managers and supervisors, more support—both financial and informational—to meet family-related needs (especially in the area of childcare) and a desire to feel that it's all right to be concerned about family issues.

On the employer side: a feeling that it's difficult to respond to all their employees' needs; some reluctance to view their employees as other than "just employees," and some question about how much they're willing to change their corporate cultures with respect to family values. As **Sally Zierden** observed: "Even when companies address family needs, I sometimes think it's because the employees have agitated for change, not because they feel a sense of conviction. And even if they have a real commitment on the national level, it isn't always easy to implement work and family policies locally."

***Finally, FRC asked**: What do you see as the directions of family needs and policies and what does that mean for the workplace and agencies such as your own?*

Burns: Families and child-rearing trends have changed. My own daughter spends more time in childcare in one week than I

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did during my entire childhood. Companies are looking more seriously at benefits they might offer, such as adoption assistance, childcare vouchers, permanent part-time work arrangments and "cafeteria benefits."

Those who embrace work/family policies increasingly see them as a way to make cost-effective decisions, and our availability makes us part of their overall program for change.

Palamara: I see increasing stress placed on families as well as a renewed emphasis on the importance of families.

Employers need to look seriously at what alternatives they can provide employees; employees need to recognize that employers just can't do everything.

As an agency, we need to be creative and flexible and to maintain connections with employers and employees **after** we've provided services so they'll still have a support system. And we need to be part of educating young children, the future work/family sensitive employers and employees.

Simpson: Families appreciate the legitimacy being given to their concerns. Our accessibility and support eases their minds. We can't yet measure productivity, but we know it improves morale. I'd like to see a family center in every community, as much a part of life as the library or the post office.

Zierden: We've got to recognize that today's families need support; the traditional structures are no longer there. We need a national family policy which recognizes the relationship between the health of our families and the health of our nation as a whole.

"Valuing families is more important than 'family values'," concludes **Joan Hoskins**, echoing the need for institutionalized policies that promote that recognition. She points out that demands for more quality family time are converging with a corporate recognition of and demand for total quality in productivity. "Family concerns effect productivity and that affects the bottom line. It's not a mushy issue."

Christine Vogel is staff writer for the Family Resource Coalition.

Work & Family Resource Center

Denver, Colorado
Joan V. Hoskins, Director
Established: 1990
Organizational structure: program of the Community College of Denver, Division of Continuing Education
Funding: Community College of Denver; corporate contracts; state and federal grants, foundations
Fees: none
Accessibility: Community College site, worksite programs
Population served: 118 Denver metro-area companies
Direct employee services:

- parent education workshops
- enhanced childcare
- referral services
- access to provider database

Services to employers:

- employee needs assessments
- customized program design
- consultations on family policies, benefits
- Corporate Response Line
- managerial training

Additional services:

- provider recruitment
- childcare tip sheets
- provider training and assistance

Center for Kids & Family

Toms River, New Jersey
Kathy Palamara, Director
Established: 1990
Organizational structure: Department of Family and Senior Services at Community Medical Center
Funding: hospital, grants, community donations
Fees: free or sliding scale, scholarships for latchkey and children's programs
Accessibility: program offices in community settings, worksite programs
Population served: "several thousand" employees within community
(no direct corporate contracts)
Direct services to employees:

- workshops, seminars
- childcare referrals
- latchkey education
- eldercare
- camp referrals
- sick child care
- homework help
- college counseling
- 24-hour warmline

Services to employers:

- needs assessment surveys
- consultation on family policies
- community resource information
- managerial training workshops
- customized program design

Additional services:

- community consultation
- serve on childcare taskforces
- outreach: satellite centers on behalf of social service agencies

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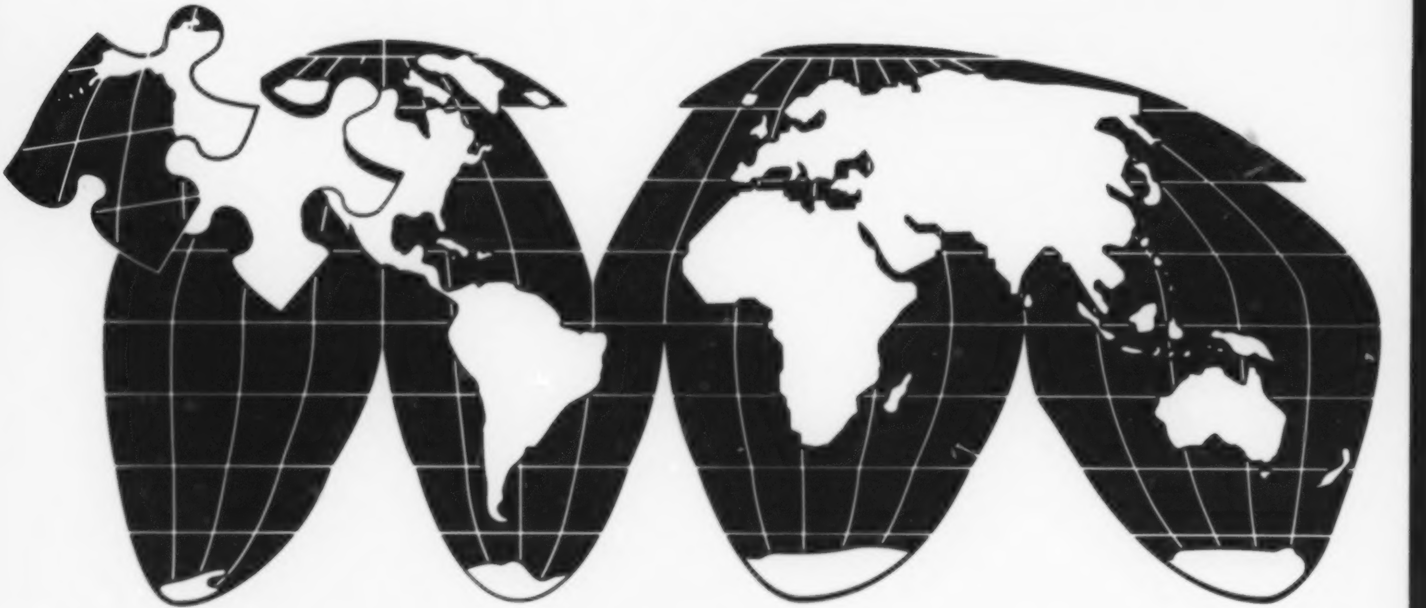
■ by Lina Cramer

WORK AND FAMILY POLICY:
An International Perspective



Imagine this:

You're a woman who has been working for a number of years, and now you want to start a family. You become pregnant and receive all necessary prenatal care at no cost to you. You take a leave of six weeks before your baby is due and remain at home for five more months following your baby's birth. During this time, your job is held for you, and you receive 80% of your salary to help support your family while taking care of your newborn. Once your child is born, you also begin receiving a family allowance for support of your newly enlarged family. You and your family receive whatever medical care you need at no cost. You decide to return to work part time so that you and your husband can share childcare until your child is two and a half years old. You receive a cash benefit to partly compensate for your lost earnings. At two and a half years of age, your child begins attending preschool, which is available for all children until they reach school age, and you return to work. The cost of the childcare is minimal and is based on your income. Of course your family allowance will continue until your child finishes school.

Sound unreal? Too good to be true? Something from the 21st century?

Not at all. In Europe, all families raise their children knowing they can count on these kinds of supports to help them.

European nations have supported working families for many years. "Cash benefits for employed women, as a social-insurance benefit, were first established by Otto Von Bismarck in Germany more than 100 years ago. By World War I several European countries, including France, Italy and Britain, had already legislated some form of national maternity insurance for working women."[1] Today, while there is some diversity in specific length of leave or percentage of salary paid during the leave, or as to whether fathers are eligible for some of the leave benefits, **all** mothers in Europe know that their jobs are guaranteed when they take a leave to have a child. **All** families know that they will receive income while on leave to replace all or some of their pay while they are at home with their newborn.[2] Furthermore, all families, whether they are working or at home, receive a family allowance for each child (which in most countries is tax-free.) **AND** free medical care. Finally, all families have access to preschool for their youngsters ages two and a half till school-age whether or not parents are in the workforce.[3]

The big difference between the United States and European nations is that in our nation, concerns of working families are, by and large, solely the responsibility of families themselves. While a growing number of companies are beginning to address some work/family issues, they are doing so to remain competitive, to retain valued employees, and to enhance their public image. There are few, if any, legal mandates, (even a guaranteed, *unpaid* family leave with promise of job upon return), and no social insurance to assist companies in paying for the family friendly benefits they offer their employees. Companies are on their own (just like families) when it comes to investing in their working families. Only federal employers get assistance in paying for the family supportive benefits they provide. Our tax dollars pay for the leaves, childcare assistance, and continuity of medical care during leaves which most federal employees enjoy.

In spite of this, today a small but growing percentage of American families work for companies which guarantee their ability to have babies and return to their jobs within a short period of time

(8-12 weeks). But few, if any, families receive pay other than that which they have earned, (such as vacation or sick time) while on leave. A sizeable number of American families must pay their own health insurance premiums while they are on unpaid maternity or family leave to assure contiuity of coverage of their newborn and other family members.

Assistance in finding childcare or eldercare has become more common for families working in large national companies. Resource and referral services are more available generally for parents of young children. However, almost no family enjoys free or highly subsidized childcare. And infant care continues to be extremely costly.

Finally, in the United States, no family receives a "family allowance" to supplement its earnings. The closest we come to an allowance is the income tax personal exemption which is $2,000 per child per year and the earned income credit for low-income families (maximum EIC benefit, $953/year).[4] The standard dependent deduction has failed to keep pace with inflation over the last thirty years. If the personal exemption had kept pace with inflation, and families today were compensated as were families in the 1950's, the personal exemption would be over $6,000 per child per year.[5]

In European countries, family issues are a concern of the state, with laws mandating employer compliance. Indeed, as Sheila Kammerman and Alfred Kahn write: "These benefits are now widely seen as a policy strategy or device in which society shares in the economic costs of rearing children, just as it shares ultimately in the economic benefits of a healthy, productive adult, nurturant parent and good citizen."[6]

They add, "The program components of the system include universal and income-tested child allowances or child tax credits; child-support or advanced maintenance payments, maternity and parental benefits (both cash and job-protected leaves) housing allowances; paid sick leaves to care for ill children; and so forth. In addition, there are important service elements—childcare, in particular."[7]

"Family allowances are usually financed out of general revenues or through the contributions of employers, and are administered as part of a country's social-security system. These benefits are almost always popular wherever they are provided, and all who can qualify take advantage of them. About sixty-seven countries (including all European countries) and every industrialized country except the United States provide such benefits today."[8]

All the European benefits supplement earned income rather than substitute for it. While there are some benefits which have income-eligibility guidelines, most are universal (cash benefits to replace income foregone at time of childbirth, health insurance, guaranteed job protection, childcare for children over two and a half years of age.)

In contrast, American family benefits are defined by income. Our "family allowance" or Aid to Dependent Families and Children is only partial support for families with no other income. It is *not* a supplement for other earnings. Once families begin to work at paying jobs, most are expected to pay for the cost of, (or find a different source of support for) childcare and health insurance within 12 to 18 months.

In the United States, our lack of policies and programs to assist working families contributes greatly to our high and growing rate of child and family poverty.[9] Our family poverty rate is the highest of any industrialized country in the world except Australia.[10] Today, a parent with two children, *working full time* at minimum wage, still falls below the poverty level. The United States has few policies in place to assure that lower wage earners can afford to keep working. Many of our poverty assistance benefits, such as Medicaid, food stamps, Section 8 Housing, and Title XX Child Care are underfunded. The results are that a large percentage of families who are eligible are unable to receive the assistance. These programs often have eligibility requirements which are intrusive if not punitive, and are administered in a demeaning, often stigmatizing way. Many working families choose not to subject themselves and their families to this kind of "support".

Just imagine what family allowances, free medical care and paid maternity leaves, job-guarantees for child birth and universal preschool for children two and a half years and up would do in America to help all families—especially those earning hourly wages—to strengthen themselves and raise healthy, capable, well-cared-for children.

Lina Cramer, M.S.W., is Director of Program Development for the National Resource Center for Family Support Programs of the Family Resource Coalition. Currently, Ms. Cramer is developing an annotated bibliography of parenting curricula and related family support tools. She is also the principal author and editor of the FRC-PACE Parent Time Curriculum Guide.

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■ by Florence Glasser

Making State Government a Model Employer

Dramatic changes in American families and in the American labor force have been carefully documented and reported by government agencies over the past two decades. In North Carolina, almost half (49%) of the labor force was female as of 1990. The 1990 Census reported that two thirds (66.8%) of mothers of preschool children and four fifths (80%) of mothers of school-age children in North Carolina work. An estimated 20 to 30 percent of employees in this country care for elderly relatives. Seventy percent of men in the nation's labor force have employed wives.

Recognizing the importance of this data, government has called on private sector employers to reevaluate their personnel policies in the light of today's new more diverse, more female labor force. Some concerned companies have become aware of the overlapping and sometimes conflicting demands of work and family life and have designed innovative programs that are good for families and good for employers.

But what has government done to help its own employees manage the dual demands of work and family? Government is the largest employer in the state of North Carolina. If, in fact, government wants to encourage the adoption of family supportive personnel policies in the private sector, should it not begin at home, reevaluating its own policies and programs and, as a model employer, encourage the private sector to follow its lead?

Little information existed as of 1992 about the prevalence of work-family programs in government workplaces in North Carolina. In an effort to promote family-supportive personnel policies for public sector employees, NC Equity initiated The Government As Model Employer Project. Foundation support enabled NC Equity's Work and Family Center to pursue the following goals:

(1) Survey public sector employers to learn more about the status of work-family programs in North Carolina

(2) Create a computerized data base to profile family-supportive policies offered bypublic sector employers

(3) Identify and recognize model government employers

(4) Interview public sector employees to learn more about their efforts to juggle work and family responsibilities

(5) Disseminate information on the status of family supportive personnel policies in North Carolina government workplaces

(6) Recommend policies to make government a model employer

Methodology

With the help of an advisory committee representing all sectors of government, a survey was drafted and mailed to personnel directors. Government organizations were asked about fifty specific programs, practices, and policies to help employees fulfill their family responsibilities while remaining productive members of the workforce. They were also asked about the availability and utilization of family-supportive policies in the following areas: information and counseling; dependent care assistance; flexible benefit programs; flexible work arrangements; and a variety of leave policies, particularly parental leave and family illness leave. Two months of telephone follow-up to the mailed survey generated a final response tally of 77 percent, or 555 completed surveys of the 711 that were mailed. NC Equity staff also conducted focus groups and individual interviews with government employees to learn firsthand about specific family problems and issues they face.

> *"But what has government done to help its own employees manage the dual demands of work and family?"*

Findings

Personnel directors and employees alike identify the following as major or significant issues resulting in stress and contributing to loss of productivity at work: preschool childcare problems; school-age childcare problems; sick-child care and emergency childcare; marital or family conflict; family financial problems; and burnout.

Women constituted the majority of workers in five of the seven sectors of government surveyed. Those sectors were: county, region, state, school districts, and community colleges. Only municipalities and some public universities employed 50 percent or fewer women.

Government employers were motivated to establish family supportive personnel programs to respond to employee need and to improve employee morale.

Private sectors employers cite the use of work-family programs to recruit new employees as a far more important motivating factor than do government personnel directors.

In government workplaces, leave policies are favored over all other family-supportive initiatives offered by public sector employers in North Carolina.

Childcare and eldercare programs are the least popular family supportive initiatives offered by public sector employers in North Carolina.

Future Plans

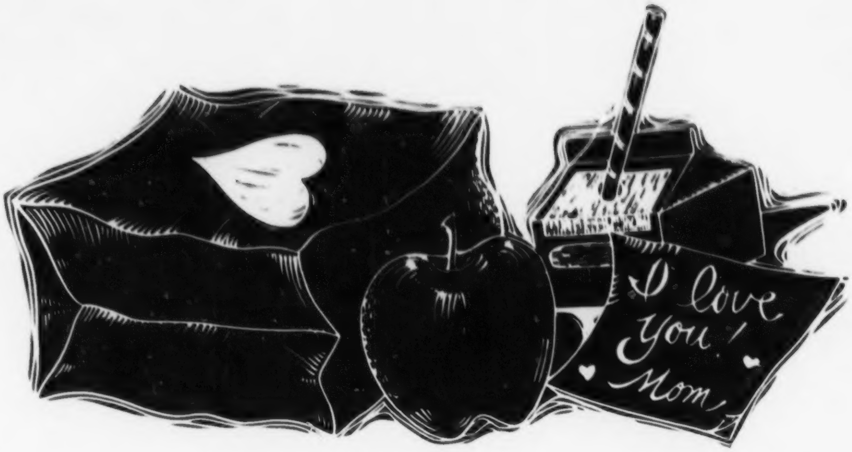
The publication of the full report is scheduled for October, 1992.

Meanwhile NC Equity, in conjunction with an advisory committee composed of professionals from government and from the private sector, will solidify an agenda based on this report by the end of 1992. NC Equity will hold a press conference to award, reward, and recognize the 47 most family-friendly government workplaces to advance its agenda for change. There are plans afoot to identify someone in the personnel department of each state government agency to promote family-supportive personnel policies as well as sensitize supervisors on the need for responding to the family needs of employees. NC Equity also plans to testify before legislative and executive committees at all levels of government to further its goal of making government a model employer.

Florence Glasser is Director of NC Equity. For more information, or to order a copy of the NC Equity report, write to her at North Carolina Work and Family Center, NC Equity, 505 Oberlin Road, Suite 100, Raleigh, NC 27605

■ by Judith David

ONE SMALL STEP: A Community Response to Work and Family Issues


I love you! Mom.

Over the past decade, Northern California's Bay Area, like most communities in the United States, has faced major changes in its economy, family life, and labor force. The need for quality, affordable and accessible childcare has emerged as a critical concern for working parents as well as their employers. Members of the baby boom generation are caring for their elderly parents, often at the same time as they are raising their own children. Employers are realizing that in order to attract and maintain a high quality workforce, they must find ways to help their employees balance work and family responsibilities.

In 1986, One Small Step (initially known as The Bay Area Employer Child Care Coalition) was convened by United Way of the Bay Area to help local employers address childcare issues in the workplace. Early discussions with local business leaders revealed that many businesses had no idea how to respond to their employees' family needs. Employers were also unfamiliar with program models from other companies that could help influence strategies for their own workplaces.

The initial objective of the Coalition's founders—a group of fifteen public and private sector representatives—was to educate local employers about the wide range of policy and program options available to meet the needs of both employees and businesses. In order to join the Coalition, Bay Area employers made a commitment to take at least "one small step" to address the childcare needs of their employees. The rationale for building a membership association was to provide employers in the community with a regular forum to exchange information, experiences, and strategies.

The One Small Step Coalition has been a great success in the Bay Area. Today, its membership has grown to almost 100 employers, and it scope has expanded to other "work and family" issues (e.g., members are now addressing eldercare as well as childcare issues). A majority of participating employers have instituted family-supportive programs such as dependent care flexible spending accounts, family leave policies, regular part-time work schedules, flextime policies, and a wide variety of informational assistance in the form of brochures, resource libraries, lunchtime seminars, and resource fairs. Growing numbers of employers in the Coalition are also initiating job-share arrangements, telecommuting programs, compressed work weeks, resource and referral programs, and training for managers to sensitize them to the needs of working parents and caregivers.

The members of One Small Step represent a diverse spectrum of public and private organizations of various sizes and industries. Active participants include, among others: Chevron Corporation, Kaiser Foundation Health Plan, Levi Strauss & Co., Pacific Gas & Electric Company, Pacific Telesis Group, Raychem Corporation, San Mateo County, University of California, and Wells Fargo Bank. Employer representatives in One Small Step are typically from human resources departments and responsible for designing and overseeing work and family policies and programs. One Small Step offers participants various networking and educational services, including an annual conference, quarterly employer roundtables, issue-focused subcommittees, publications, and special updates on current topics such as the new California family leave law. The Coalition is primarily funded by annual membership dues, in addition to assistance provided by United Way of the Bay Area.

One of the greatest strengths of the Coalition is its unique ability to coordinate information and resources from throughout the community to help advance work and family initiatives. This year, in an effort to build communication among local employers and experts in the childcare and eldercare fields, One Small Step introduced an Affiliate Membership composed of select service providers, consultants, labor representatives, university faculty, public policy advocates, and research professionals. And the Coalition has been able to facilitate numerous innovative projects, including a recently formed Bay Area Back-up Child Care Consortium.

The strategy of working with and through employers to meet community needs has proven to be particularly effective because changes in organizations can affect significant numbers of working parents and caregivers. Ultimately, it is Bay Area families, and the communities in which they live and work, that benefit from the initiatives taken by employers participating in One Small Step.

Judith David has served as Director of One Small Step—The Bay Area Employer Work and Family Coalition since 1988. Contact her at: The United Way, 50 California St., Suite 200, San Francisco, CA 94111, 415/772-4315.

■ by Charles S. Rodgers, Ph.D. and Fran Sussner Rodgers

THE WORK & FAMILY AGENDA: Not For Women Only?

The new programs and policy changes which have developed in recent years to address the work and family agenda (including childcare, dependent adults and eldercare, and workplace flexibility) have been directed in theory towards both women and men. Indeed for years, virtually all corporate communications about work and family activities, be they pronouncements of senior management, newspaper interviews, or internal memos have stressed that work and family concerns are not just women's issues. This belief has been expressed so often that it suggests a case of "protesting too much".

Why do people feel so compelled to defend the work and family agenda as not for women only? Weill, it clearly is true that children and dependents are not just the concern of women. Work and family issues at the workplace primarily arise out of a concern for productivity: removing conflicts between effective work and family care helps employees to contribute their best. Since the work and family issue is one of productivity and economic health, it is not just a concern of women.

Another explanation is the widespread belief that these issues will not be considered serious or important if they affect primarily the female half of the population. It is reasoned that men in power will only act in this area if they think men are also affected. Many women also fear that if the family issue is seen as affecting men and women differently, that this will reinforce the old stereotype that motherhood is incompatible with a serious career.

Lastly, it is understood that men becoming more involved in the day-to-day responsibilities of the home is a critical ingredient to the success of women. If the connection between work and family is to be defined primarily as a women's issue, that could let men "off the hook" from being more involved. The 1990 Virginia Slims/Roper Poll showed that 70% of working mothers consider more assistance from their husbands at home to be the single change that would help them the most.

In our view, the politically correct statement that work and family issues are not just women's issues, while accurate, often obscures very important gender differences. After two decades of examining family issues in dozens of workplaces, we know that the changing family has widespread consequences for productivity, economics, and society. But we are also struck by how much the care of family members still resides with females and how much more family responsibilities have an impact on the work lives and careers of women.

The major gender differences

The world has changed less than we are led to believe by the anecdotes in the press on new roles for men. In fact, gender roles are very slow to change and it is useful to keep in mind the still-profound differences that separate men and women. Women still bear the major share of the responsibilities for the care of children and the household. In our own research, women continue to spend twice as much time on household and childcare tasks as do men, even in families where the women are also employed full time outside the home. Married women with children have, on average, over ten hours less leisure time because of their dual roles at work and at home than their male counterparts.

Partly as a result of this unequal division of labor in the home, women are far more likely to take advantage of corporate policies that support parental responsibilities. Employees who have taken family leaves or who work part-time are overwhelmingly female. Users of dependent care programs are also primarily female. And they are more likely to be the ones who stay home when a child is sick, who go to teacher conferences, or who leave work to pick up their child at a day care center.

Consequently, it is women who overwhelmingly pay the price in slower career progression. They are more likely than men to refuse relocations or jobs that require extensive travel or overtime. These behaviors are still seen by most companies as signs of seriousness about one's career and are used as symbols of productivity.

There is evidence, however, that men are changing. There are signs of a considerable shift in men's attitudes and interest, which may signal future changes in behavior. In surveys we have conducted over the past ten years, the percentage of men who report feeling increased stress from work and family conflict and who are interested in policies and programs to address these changes has grown steadily. Men are far more likely now than in the past to express their frustrations with a work environment that discourages participation in the lives of their families. But they report an even more unforgiving culture than women if they do act on their desires to be more involved. The risks are still perceived to be too high for many men to use the policies which are in place.

Men and women are a long way from being equal partners in the home, and the consequences of this put women in the forefront of discussions of corporate family policies. Equal numbers of men are not now—and are not likely to be in the foreseeable future—willing to make the same trade-offs for their families as women have. But a significant minority of men are going to demand reasonable workplace accommodations for family responsibilities.

It is clear that businesses will not be able to achieve diversity goals such as the breaking of the glass ceiling and the general advancement of women without a strong work and family agenda in place. The vast majority of women have children during their working years and most of them will be in families where the father is either absent or a less than equal partner in parenting. To take advantage of the talents and education of women, we must acknowledge this reality. However, in the long run, creating workplaces where men feel free to assume greater family roles, and where all employees have a way of contributing which is consistent with their personal circumstances, will be the greatest contribution of the work and family field.

Fran Sussner Rodgers is the Founder and President of Work/Family Directions, a consulting firm which works with leading corporations on strategies to address the changing workforce. She is recognized as a national authority on dependent care and women in the workplace.

Charles S. Rodgers, Ph.D. is an expert in workplace research and program evaluations and President of Rodgers and Associates.

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Work and Family: 1992

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broadened to include the development of flexibility guidelines, communication efforts, and even changing performance appraisal systems to include how well the supervisor handles the work-family concerns of his or her subordinates.

One of the problems with current work-family management training efforts is their lack of coordination with company diversity programs. Double messages abound. Diversity programs emphasize breaking the glass ceiling and developing the career of employees. As such, their messages emphasize moving onto the fast track. In contrast, work-family messages emphasize balance, even taking time off. When these two conflicting messages are given, employees feel safer listening to the those that promote the development of their careers, especially in a period of business downturn.

One of the tasks of Stage III is to begin trying to reconcile these two corporate initiatives with each other. It is not a simple matter to do so, however, because different departments and different constituencies are involved, and turf issues often arise. Will work-family issues be treated under diversity initiatives? Will these two areas begin to collaborate more, and if so, how?

• Work will be redefined in the coming decade.

As the anytime, anyplace office becomes more commonplace (faxes and computer in the home, phones in cars), and as the United States moves toward an information-based economy, boundaries between work and family will become even more diffuse. Standards for measuring performance are expected to hinge less on duration (the number of hours one works equals commitment and productivity) and more on results. In addition, the recession has led to reductions in middle management, greater reliance on team approaches, and different paths for promotions including more lateral moves. These preconditions are ideal for the inclusion of work-family concerns. At the present time, however, the leaders discussing the workplace of the future are not thinking of these issues. And it is always possible that the workplace will continue to demand more work over longer hours.

As promising and exciting as the emergence of business involvement in work-family issues has been, there are limitations on how much employers can change the work-family situation.

• A concern: corporations alone cannot solve societal problems.

The conservative political agenda holds that government should do less and that private enterprise should play the major role in resolving social problems. Some feel it is up to the business community to voluntarily provide parental leave, to promote quality in childcare, and to offer supports for employees struggling with work-family responsibilities. If one looks, however, at the communities with the strongest business response to work-family and childcare problems, these are the communities in which government has built the strongest infrastructure. Companies are less likely to invest in community services that are of poor quality. Thus, government involvement is a precondition to business activity.

• A concern: the involvement of business may widen the gap between the haves and the have nots.

If one notes the companies named in this article as being the most family-friendly, it is immediately apparent that the most responsive companies are the companies that employ the most privileged workers. Not surprisingly, an analysis of the predictors of family-responsiveness in a four-state study we conducted revealed that larger companies and companies with a higher number of professional employees were the most likely to be family-friendly.[11] Thus, those who are helped most by business involvement are the haves—employees who work for companies that already provide good salaries and benefits—and those who are not helped are the have nots—employees who work for employers, which offer lower salaries, and fewer, if any, benefits. Work-family assistance could have the unintended effect of creating a larger distance between social classes.

• A concern: companies are more likely to provide work supports than family supports.

Most of the assistance of business has been aimed at reducing the obstacles to employees coming to work. This is, of course, a very important function, but from a family perspective, it is worrisome that there is much less attention to the provision of family supports, programs and policies that enable employees to spend time with their families.

• A final concern: it is difficult to be family-supportive.

In other studies, we have investigated the predictors of being family supportive, looking at the relationships between parents and children's childcare providers. We have found numerous obstacles. For example, we have found that differences of race, income, and education between parents and staff are predictive of poorer relationships between them. Likewise, we have found that attitudinal difference are important. Teachers who believe that mothers shouldn't work (and one in four feels this way) are less likely to be supportive of employed parents.

All of this suggests that change is not easy. It requires altering attitudes as well as behavior, and that takes time. It is hard, in corporate parlance, to get from here to where we are going. But it crucially important to do so for the sake of the families of today and tomorrow.[12]

Ellen Galinsky is Co-President of the Families and Work Institute, 330 Seventh Avenue, New York, NY 10001, 212/465-2044. She is a former board member of the Family Resource Coalition.

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Federal Government Information Sources

BALANCING WORK RESPONSIBILITIES AND FAMILY NEEDS: The Federal Civil Service Response

A report by the Office of Policy and Evaluation
United States Merit Systems Protection Board
1120 Vermont Avenue, N.W.
Washington, D.C. 20419
202/653-8900

The United States Government is trying to keep pace with the private sector in offering benefits to its employees which balance the demands of the workplace and family responsibilities. Growing out of the requirements of the Civil Service Reform Act of 1978, this report provides an overview of significant actions taken by the U.S. Office of Personnel Management and some of the Government's human resource management programs. It details employee benefits to assist federal workers in balancing the demands of work and family. The report also examines ways the federal government can become a vanguard in work and family employment issues. Topics discussed include: childcare, eldercare, alternative work schedules, part-time employment and job sharing, flexplace, and leave sharing programs.

WOMEN'S BUREAU WORK AND FAMILY CLEARINGHOUSE

United States Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210
202/523-4486

The Work and Family Clearinghouse was established in 1989 by the Women's Bureau of the Department of Labor to provide information to employers seeking to develop work and family policies to address the issues of childcare and eldercare. Information is available in five option categories: direct services, information services, financial assistance, flexible policies, and public-private partnerships. The Clearinghouse produces two information folders: Choices provides overviews and a guide for employers to decision making on eldercare and childcare program options, and the *Work and Family Resource Kit* contains a summary of the work and family conflict and discusses pertinent topics such as benefits, leaves, services, alternative work schedules, and dependent care options. Of particular interest is a document describing strategies for employers on how to distinguish and choose between work and family options. The kit also includes an extensive reference and resource list. The Women's Bureau also offers a list of relevant publications, booklets, and fact sheets available through the Department of Labor.

WORK AND FAMILY PROGRAM CENTER

United States Office of Personnel Management
1900 E Street, N.W.
Washington, D.C. 20415-0001
202/606-5520

The Work and Family Program Center was recently established in June, 1992 to provide leadership and assistance to federal agencies in developing and implementing work and family policies. The Center intends in the near future to establish an Interagency Partnership on Work and Family to address significant dependent care issues. Participating agencies are to include the General Services Administration, and the Departments of Defense, Transportation, Health and Human Services, Labor, and Veteran Affairs. The Office of Personnel Management's literature includes: its 1992 report to Congress entitled *A Study of the Work and Family Needs of the Federal Work Force*, detailing the OPM's findings on dependent care needs and programs, work and family employment options, key measures to increase the effectiveness of work and family programs, and agency program implementation; *A Survey of Work and Family Provisions in Federal Labor Agreements*, discussing maternity leave, paternity leave, childcare, employee assistance programs, flex time, compressed workweek, leave-transfer, adoption leave, flex place, part-time employment, and job sharing; and *Dependent Care Policies for Federal Employees*, an overview of available work and family options for government employees.

Not-for-Profit and Membership Organizations

NEW WAYS TO WORK

149 Ninth Street
San Francisco, CA 94103
415/552-1000
Barney Olmsted & Suzanne Smith, Co-Founders and Directors

New Ways to Work is a respected not-for-profit research, training, and advocacy organization promoting flexible work arrangements. For twenty years, NWW has worked with corporations, trade unions, and policymakers to design and implement alternative scheduling and staffing options. NWW has been at the forefront in advocating work options such as flexplace and flextime, work sharing, compressed work week, telecommuting, alternative staffing, regular part-time, v-time programs, leave of absence and phased retirement. NWW has launched several community-based pilot programs to demonstrate the value of adopting alternative work strategies. New Ways Workers is a youth employment project promoting year-round private sector job opportunities for high school youth. The Equiflex Project addresses inequities inherent in using a two-tier workforce. The Work and Family Project seeks to identify strategies for balancing work and family time. NWW publishes a resource book to assist managers in using the tools provided by NWW's consulting arm entitled *Creating a Flexible Workplace*. Other publications include *Work Times*, a quarterly newsletter, a mail order library of handbooks, how-to manuals, and audio-visual materials.

THE CONFERENCE BOARD

845 Third Avenue
New York, New York 10022
212/759-0900
Fax: 212/980-7014

The Conference Board is a global business membership organization whose purpose is to improve the business enterprise system and to enhance the contribution of business to society by enabling executives to explore and exchange business practices and policy issues through a variety of forums.

Of particular interest to FRC members, the Conference Board sponsors the Work and Family Research Council which produces a number of publications including a substantive report titled *Linking Work-Family Issues to the Bottom Line*, which addresses the questions: What is the impact of work-family problems on absenteeism, turnover, and employee stress? Who bears the brunt of work-family conflict? and What are the effects of on-site childcare, maternity leave, flextime, and employee assistance programs on productivity?

FAMILIES AND WORK INSTITUTE

330 Seventh Avenue
New York, NY 10001
212/465-2044
FAX: 212/465-8637

Founded in 1989, the Families and Work Institute is a not-for-profit research and planning organization dedicated to balancing the changing needs of America's families with the continuing need for workplace productivity. The Institute's program addresses the entire life-cycle of the family, maintains a commitment to both the public and private sectors, examines the effects of work on family life as well as the effects of families on work performance, and forecasts future trends with input from all sectors of society. The four major activities of the Institute are policy research, dissemination, strategic planning, and management training. The Institute operates a national clearinghouse on work and family life and publishes a many materials on the topic, including *The Corporate Reference Guide to Work-Family Program*, a 437-page volume ranking and profiling the work-family programs and policies of the largest Fortune 1000 companies in each of 30 industry areas.

THE NATIONAL WORK/FAMILY ALLIANCE

52 Chestnut Street
Boston, MA 02108
617/248-0809
Contact: Kathy Cramer

The Alliance is a new trade association to support the development of the emerging work/family industry. Members will be organizations that help businesses implement work/family programs. The Alliance will produce and maintain an in-depth directory of all known work/family organizations and support regional work/family associations and organizations. The Alliance will connect the emerging work/family industry to the business community and to the media.

Childcare and the Workplace

CHILD CARE ACTION CAMPAIGN

330 Seventh Avenue 17th Floor
New York, NY 10001
212/239-0138
Fax: 212/268-6515

CCAC, formed in 1983, is a national agency whose mission is "to stimulate and support the development of policies and programs that will increase the availability of quality, affordable childcare for the benefit of children, their families, and the economic well-being of the nation." Toward this end, CCAC publishes several guides to assist employers and employees in learning about various issues in childcare. *An Employer's Guide to Child Care* aids employers in choosing a childcare consultant who best fits the specific needs of the firm, and provides resources for locating these consultants. *Not Too Small to Care: Small Businesses and Child Care* profiles 29 small businesses which have successfully implemented childcare benefits in the form of on- or near-site childcare centers, employee subsidies, flexible work hours, parental leave, family day care homes, and Dependent Care Assistance Plans. *Making the Connections: Public-Private Partnerships in Child Care* highlights 20 successful and innovative partnerships between private business, voluntary

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from CCAC is a series of brief information guides detailing specific topics such as "How to use the Federal Childcare Tax Credit" and "Employer Supported Childcare: Current Options and Trends." CCAC is currently establishing a data base of employers nationwide that provide their employees with some type of work and family benefit.

NATIONAL COUNCIL OF JEWISH WOMEN
53 West 23rd Street
New York, NY 10010
212/645-4048
Fax: 212/645-7466

The National Council of Jewish Women (NCJW) is a volunteer organization of 100,000 members nationwide which has served for a century in assisting children and families of all ethnic, economic, and religious backgrounds. The NCJW's Work/Family Project has recently written and published the report *Options for the 90's: Employer Support for Child Care*. This project discusses childcare in light of direct care services, employee financial assistance, flexible personnel policies, and community investments. The Work/Family Project has also compiled a publications and resource list to supplement the report. Additionally, the NCJW Center for the Child has prepared several fact sheets concerning childcare and the workplace.

Publications

SOLVING THE WORK AND FAMILY PUZZLE
By Bonnie Michaels and Elizabeth McCarty
Published by Business One Irwin
1818 Ridge Road
Homewood, IL 60430
708/206-2700

This book addresses questions surrounding the work and family issue. How does balancing family and work affect the personal and professional lives of today's workers? Practical "how to" information is given, using case studies, on successfully juggling the responsibilities of work and of the family. Michaels, president, and McCarty, vice president and general counsel of Managing Work & Family, Inc., offer information for both employer and employee on how to identify organizational values and goals, how employers can take a proactive role to assure employee satisfaction in the workplace, and how to set priorities and construct a plan to balance careers with personal lives. The book also addresses such subjects as the special needs of single parents, blended families, and parents that travel.

WORK AND FAMILY LIFE
Circulation and Customer Service
6211 West Howard
Chicago, IL 60648
1-800-727-7243
Katie Thornbike 1-800-676-2838
Dr. Susan Ginsberg 212/875-4652

Published in collaboration with Bank Street College of Education in New York, *Work and Family Life* is an excellent resource for managers and employees alike. WAFL has been called an "unsupplied" newsletter designed to address the wide spectrum of concerns both in the home and in the workplace: how to squeeze in chores on the weekend, keys to a happy marriage, negotiating conflicts with coworkers, easing the transition to a new job, coping with the needs of older family members, why managers fail, and similar subjects. WAFL currently reaches 20,000 employees in 140 firms in 37 states nationwide. Dr. Susan Ginsberg, editor and publisher, is Associate Dean and Director of the Work and Family Life Seminars at the College. Ellen Galinsky of the Families and Work Institute is the executive editor.

THE WORK AND FAMILY NEWSBRIEF
Work and Family Connection
350 East Michigan Avenue
Suite 301
Kalamazoo, MI 49007-3851
616/343-0770
1-800-334-4044
Fax: 616/343-0260

The WAFN is compiled and written by Work and Family Connection, a firm in Minneapolis, providing consulting services and on-site management training. The WAFN is published monthly and consists of a summary for that month of all the work and family news published in newspapers, trade journals, periodicals, and other newsletters. *The Trend Report*, published bi-weekly and included in the subscription, offers opinions and commentary on trends and new programs. A hotline is available to subscribers only, for questions about work and family programs and policies across the country.

Private Resources

THE BUREAU OF NATIONAL AFFAIRS, INC.
1231 25th Street, N.W.
Washington, D.C. 20037
1-800-372-1033

BNA is the largest private information source in the United States. They publish more than 80 daily, weekly, biweekly, and monthly information services for business executives, human resource executives, labor officials, financial analysts, and other professionals concerned with issues of business and government interaction. BNA Plus, a subdivision of BNA, provides customer service and support to supplement BNA's publications, compiles and publishes a *Special Report Series on Work & Family*. These monthly Work and Family reports can be ordered individually or by yearly series of twelve issues, dating back to 1988. In addition, BNA has compiled a *Directory of Work and Family Programs* which outlines and describes work and family programs now in place, those scheduled to be implemented this year, and those under consideration by more than 200 employers nationwide. Topics explored in this volume include childcare, eldercare, and leave programs. The Directory also includes the names, addresses, and telephone numbers of hundreds of individuals working in the field of work and family. *Work and Family: The Complete Resource Guide* provides details on the latest survey results, studies, and reports; state laws and regulations; proposed federal legislation; innovative corporate policies; and pertinent court cases and arbitration decisions. And Jean D. Linehan, consultant on Work & Family Programs for the Bureau of National Affairs, Inc., has identified *178 Family Oriented Policy & Program Options for Employers*.

MANAGING WORK AND FAMILY, INC.
912 Crain Street
Evanston, IL 60202
708/864-0916
Bonnie Michaels, President

Managing Work and Family, Inc. is a private consulting firm which serves businesses across the country in developing and implementing strategies to assist employees in balancing the demands of work and home. MW&F publishes a number of pamphlets and guides which are available to the public: *Comprehensive Meeting Leader's Guide*, *Developing Work/Family Policies: Guidelines for Senior Management*, *Helping Employees Handle Work/Family Conflicts: Strategies and Skills for Managers*, *Employee Planning Guides* for day care, eldercare, and maternity leave, and *How to Communicate Family Care Needs to your Supervisor*. MW&F has also compiled several Kopy Kit curricula to help employees balance personal responsibilities with career demands including: *Managing Work and Family* and *Family Ties & Bottom Lines*, which cover topics such as the working parent, working options, proactive approaches to absenteeism, and creating win-win situations. These curricula are concise, clear, and legally reusable for photocopying, displays, and presentations. In addition, MW&F has produced a video entitled *Managing Your Career and Your Personal Life*.

WORK/FAMILY DIRECTIONS, INC.
930 Commonwealth Avenue West
Boston, MA 02215-1212
617/278-4000
FAX: 617/566-2806

Work/Family Directions, Inc. is a human resources consulting firm, helping companies effectively manage the work/family balance by addressing the diverse and changing family needs of their employees. To this end, Work/Family Directions comes as part of a corporation's employee benefits package, and encompasses programs and strategies for dependent care, workplace flexibility, strategic labor force planning, research, education, and training. The menu of services includes among others: addressing the full range of dependent care needs, offering assistance in adoption, childcare, special needs childcare, school achievement issues, school selection, and eldercare; providing workplace surveys and employee research; work and family labor force planning and strategy development; assisting companies in designing and administering customized systems to help employees with dependent care; and publications, seminars, and videos.

THE PARTNERSHIP GROUP, INC.
840 W. Main Street
Lansdale, PA 19446
215/362-5070

Since 1982, the Partnership Group has been working with employers nationwide to help create a workplace which is friendly to the personal family needs of its employees. Their consulting services utilize the case manager approach and are designed to complement and to be compatible with existing employee benefits and specific corporate cultures. TPG's general services include detailed analyses concerning managerial training and assessment, flexible work arrangements, leave policies and practices, financial assistance, dependent care services, community resource development, and family and work management support. TPG's Family Resource Service to its clients includes: written education materials tailored to suit a specific business's needs, on-site workshops and Family Resource Centers which include video presentations on childcare, parenting, and eldercare topics and which serve to help employees with similar problems to network and form informal support groups, and consultation by Resource Consultants available 24 hours a day via a toll-free hotline. TPG also employs follow-up and ongoing assessment programs to help overcome any obstacles encountered in the business's transitionary phases. TPG is active in community service and sponsors numerous neighborhood activities for children, elders, and social service providers.

Researched and written by John A. Finger, Family Resource Coalition Summer Research Associate from the Irving B. Harris School of Public Policy Studies, University of Chicago.

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FAMILY RESOURCE COALITION

IN THIS ISSUE

As we go to press, the timeliness of the focus of this issue—Work and Family—is forcefully impressed. At the national level, the presidential candidates revive the familiar debate about a national family leave policy which would guarantee workers up to 12 weeks of **unpaid** leave to care for a new baby or a severely ill family member.

The American Business Collaboration for Quality Dependent Care—an alliance of 111 companies in 44 cities—last month announced that it will spend $25.4 million to improve childcare and eldercare options for their employees. And *Working Mother Magazine* released its newest list of the 100 most family-friendly firms in the nation. The pace of progress is the work-family arena is increasing.

In this *FRC Report* we provide diverse perspectives on work and family. It contains insights from some of the foremost leaders in this field. **Ellen Galinsky**, Co-President of Families and Work Institute (and former FRC board member) guided the planning of the issue. Her article provides an overview of the topic of work and family as we know it and raises important concerns which will need to be addressed as the field grows.

Following Ellen, we profile Levi Strauss, an exemplary corporate work and family program. We ask **Arlene Johnson** to reflect on her ten years of experience developing a sound framework for employers to implement work and family programs.

Next, **Susan Lambert, Ph.D.** reports on the findings of her research regarding family-friendly policies and the pay-off for both the company and the families at FEL-PRO, Inc.

And **Dana Friedman** writes about corporate funds, a new strategy to improve the quality and supply of services for employees.

The centerpiece of this issue is an FRC interview with the directors of five community-based work/family programs, building dialogue about work with employers and employees.

After this, we move to questions of strategy for promoting the work/family agenda. The piece I contributed compares American and European policies which affect working families. And there are reports from two regional organizations regarding their efforts to help the field grow.

Fran and Charles Rodgers address the issue of gender and work/family issues.

Finally, there's a Resource File at the end of this *Report* to help you advance the agenda of work and family in your workplace. We hope you enjoy the issue and we welcome your comments.

Lina Cramer

Lina Cramer
Director of Program Development
National Resource Center for
Family Support Programs
Family Resource Coalition

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FRC REPORT
Editor, KATHY GOETZ
Design, LYNN PEARSON
Copy Editing, JONATHAN WOLF
Printing: BOOKLET PUBLISHING CO., INC.
Cover Illustration: BILL HARBINSON

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CHICAGO, IL
Permit No. 2353

The **FRC Report** is published quarterly in the public interest by the Family Resource Coalition, a tax exempt, non profit organization. Membership in the Coalition includes a subscription to the **FRC Report**. Readers are encouraged to copy and share its content; we request you credit the Family Resource Coalition as the original source of information.

report

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FAMILY RESOURCE COALITION

Volume 11, Number 3
Winter 1992-93

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*P*roviding *S*upport *for* Families *in* Special Circumstances

IN THIS ISSUE

This is an eclectic issue of the *FRC Report*: we've included a range of articles, mostly written by practitioners for other fellow practitioners, which describe their programs, evaluation methods, and strategies for success. In issues not devoted to a single theme, our priority is to give you, our members practical, current information you can use, regardless of your particular concentration within the field.

What could be more important than getting the money needed to run programs? **Hedy Chang** and **Cecelia Leong** of California Tomorrow lead off this issue with a detailed description of the varieties of sources of public funding: how they differ, how to approach them, what to watch out for.

Betty Cooke, Ph.D., of Minnesota's Early Childhood and Family Education Program (which operates in every school district in the state) presents the methods and results of ECFE's recent evaluation effort. **Elizabeth Sandell, Ph.D.**, outlines the questions which guided her Minnesota school district in planning for its family resource centers, which supplement ECFE there. **Ted Bowman**, Senior Trainer at the Wilder Foundation and member of the Minnesota Fathering Alliance, writes about involving fathers in family support programs. **Bess Kypros, Ed.D.**, argues that using the principles of adult education and theories of adult learning styles can help family support professionals develop and maintain partnerships with parents. And we introduce a regular column on computer technical assistance in which **Paul Deane** of the FRC's National Resource Center describes the basics of E-mail and electronic bulletin boards: how these can be useful tools for those in the field of family support, and what you need to make use of them.

Many of the programs profiled in this issue target families in special circumstances; this reflects the growth and diversity of the family support field. Ten years ago, family resource centers were primarily private, not-for-profit, community-based sites to which parents came by and large for support and parent education. The field of family support was created in the conviction that *all* families need and deserve support. But the initial successes were achieved serving middle-class families. Increasingly, family support principles and practices (such as treating parents as partners; building on strengths; understanding the cultural, physical, and community contexts of families; dealing with the entire family as a unit, not just an individual or a specific problem; focusing on prevention) are being incorporated into the broader delivery of human services with an emphasis on designing supportive programs for at-risk and multiple-need families.

We realize that stress factors combine, overlap, and reinforce each other; there is therefore a trend toward collaborating or coordinating efforts to provide comprehensive services for families with many needs. Many programs, agencies, and collaborating teams are building services around the principles of family support and thereby improving outcomes for families.

For example, in this issue, you'll see how family support is offered to families with developmental disabilities in Indiana, to families dealing with AIDS in the Bronx, to formerly homeless families in New York City, and to families enmeshed in the child protection system because of repeated incidences of abuse. You'll also read about the evolving field of family-centered care as described by the founders of the Institute for Family-Centered Care in Bethesda, Maryland. We hope that learning about these diverse efforts will convey the myriad ways that family support is helping make a difference for families around the country.

Kathy Goetz

Kathy Goetz
Editor

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■ by Hedy Chang and Cecelia Leong

Finding Sources of Public Funding for Your Family Resource Program

As family support programs grow in number, moving beyond isolated demonstration projects, program administrators have become increasingly interested in funding activities through public dollars. Because most public funding sources do not recognize and value family support programs and principles, this new direction presents a challenge for the family support movement. And now, competition for shrinking federal and state monies is more intense than ever. Yet, to overlook public funds is to ignore a vast source of funding for services to families.

Family support programs can and have utilized a variety of creative strategies to obtain or increase the level of support they receive from public funding. However, the success of such strategies requires program administrators who have an entrepreneurial spirit, are willing to pursue resources aggressively, and, if necessary, advocate for the creation of new funding sources or a re-allocation of how public monies are spent. The five main strategies described below range from those which increase funding for family support programs by working within the system as it is currently structured to those which involve re-configuring the system of public funding.

Getting Funded via Family Support Initiatives

The first, and most obvious strategy is to obtain public funding through an initiative which specifically sets aside money for family support programs. Connecticut, Maryland, Minnesota, New Jersey, Oklahoma, Vermont, and Wisconsin are among the states that have done so.[1] Typically, these initiatives begin as small appropriations for pilot programs which then expand in subsequent years as the funded programs demonstrate effectiveness. For example, when Connecticut funded ten Parent Education and Support Centers in January 1987, it became one of the first states to provide family support services, including parent education, to a non-targeted population. Administered by the Department of Children and Youth Services, funding has been expanded to fifteen sites.[2]

Though difficult to obtain and maintain, this type of funding is often the most flexible. Such funding, however, is not assured from year to year and tends to function as "core support" or "seed" dollars. Programs need to supplement these funds with additional resources.

Administrators with experience operating family support programs can play a key role in developing state initiatives. By working closely with legislators over time, administrators can educate policymakers about the need for an initiative and then work with legislative staff to ensure that the resulting legislation incorporates family support principles and allocates the necessary resources.[3] Especially during times of fiscal scarcity, program administrators may need public support and advocacy coalitions in order to establish or preserve funding for such initiatives.

Targeted Grant Programs

A second, less straightforward, strategy is to seek funding under a state or federal grant program which addresses a related issue such as substance abuse, teen pregnancy, or children at risk of child abuse. Such grants typically fund a selected number of demonstration sites, often for a limited period of time. Though family support may not be the primary objective of the grant, a program which advocates family support principles may be able to qualify for funds because this service delivery approach is a successful way to treat an identified problem. For example:

In 1990, the California Office of Child Abuse Prevention invited nonprofit organizations and institutions of higher education working closely with schools to submit proposals for three-year demonstration projects which would provide child neglect prevention and intervention services to children ages five through eight and their families. Entitled LEARN (Local Efforts to Address and Reduce Neglect), its goals were to improve coordination between schools and service providers, increase family functioning and self-esteem and reduce the number of children referred to county welfare departments for neglect.

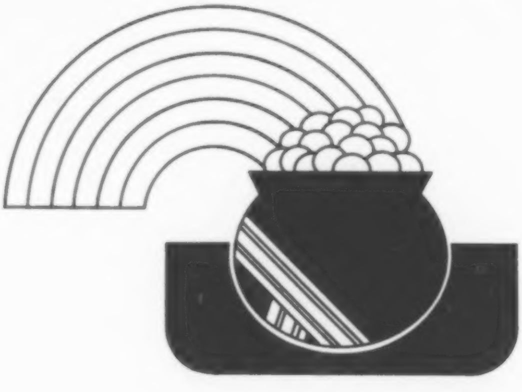
One LEARN program is a joint effort of a non-profit agency, the Los Angeles Children's Bureau, the Ocean View School District and the Orange County Social Service Agency. Operating at two elementary school sites, the project offers families a broad array of services including: parent education classes and support groups, transportation, Parents as Teachers training, day care, self-esteem groups for children, and health screening. To meet the needs of the largely Latino student population, most of the program's direct service providers are bilingual and bicultural.

A guiding principle of the project is family involvement and empowerment; the program is structured to involve parents at many levels.

Less than one year after this project began, money was found to expand service eligibility from the original target group of children aged five to eight and their families to all families attending the two elementary schools. This new

This article is excerpted from "Obtaining Public Funding for Programs to Strengthen Families" in *Keeping the Lights On: Fundraising for Family Support Programs,* now available through the Family Resource Coalition.

money was obtained through a new statewide initiative known as Healthy Start. Its primary objective is to improve outcomes for children and families by encouraging the development of a comprehensive range of services accessible through the schools.



Expanding Services through Strategic Partnerships

Collaboration or the development of strong partnerships between family support programs and other family-serving agencies is a third strategy. In this case, the family support program does not directly seek monies for its own activities, but makes arrangements for another agency which receives public support and shares common goals or clients to provide a needed service. Agencies interested in jointly providing services engage in a number of arrangements which range from developing referral procedures to collocating services at a single site to arranging to share staff.

The East Bay Perinatal Council's Oakland Birth to School project illustrates the advantages of collocating services. Birth to School incorporates three separate programs under one roof: the Oakland Parent Child Center which provides services for children aged birth to three; the Oakland Head Start program which is funded through the federal Head Start program; and the Comprehensive Perinatal Services Program which is funded through Medi-Cal (California Medicaid) reimbursements. Core funding for Birth to School comes from private foundations. Collocation, despite the extensive time it takes to develop agreements between the different partners, is a powerful strategy since it allows groups to share overhead costs (e.g. rent, telephone, support staff, etc.) and provides clients with access to comprehensive services.

Making collaborative arrangements, however, is not an easy process and the difficulties involved should not be underestimated. Agencies often have differences in approach, philosophy, and organizational protocol. Many differences can be traced directly to restrictions placed on the agencies by their funding sources, particularly when the monies flow from a federal or state categorical program.

Tapping Categorical Funding Streams

Programs engaged in family support can seek funding directly from federal and state categorical funding streams. Such funding streams typically offer support for specific types of services to individuals who meet set eligibility requirements; these funds are contingent upon state or local matches. Examples of these categorical funds are monies available through Title XIX of the Social Security Act (Medicaid), Title IV-E of the Act's Job Opportunity and Basic Skills (JOBS), the Individuals with Disabilities Education Act (Public Law 99-457), Chapter 1 (Elementary and Secondary Education Act), and Even Start. Because this strategy requires extensive work with state policymakers and strong knowledge of federal programs, it is the most difficult. However, these programs represent the largest potential sources of funding.

In recent years, shrinking state funds for human services have compelled a growing number of state policymakers to increase the extent to which existing or proposed new services (including family support type services) are funded by federal categorical programs.

Although such a strategy relies heavily upon negotiations between state and federal officials, program administrators need to be aware of and involved in these efforts. First, if a state embarks upon this strategy it may provide family support programs with the opportunity to gain access to federal funds. Second, program administrators' involvement can be critical in ensuring that such plans take into account the impact complex eligibility, provider status, and reimbursement categories requirements have on a program built around principles of family support. Consider the experience of Charlene Clemens, the Director of the San Francisco Teenage Pregnancy and Parenting Program.

Founded in 1981, TAPP is a joint effort of the departments of social services and public health, the University of California at San Francisco, the school district and two nonprofit child and family service agencies. An interagency comprehensive service delivery system, TAPP employs case managers (called continuous counselors) to serve pregnant and parenting adolescents up to age 17. Embedded within the TAPP program are strong family support principles. Staff actively seek to involve members of the client's family including parents, guardians, siblings or grandparents and strive to help adolescent mothers and fathers define their concerns, identify alternative courses of action, maintain their motivation, and obtain needed services.[4] Initial funding for TAPP came through a federal demonstration program. Its immediate impact led to the creation of the California Adolescent Family Life Program (AFLP), which funds similar efforts throughout the state.

Most recently, Charlene Clemens, the current project director, has been involved in discussions held by the state to determine how federal Medicaid dollars could be used to maintain and expand AFLP services. They are specifically considering whether TAPP case management is reimbursable through Medicaid. Such reimbursement would have the benefit of funding services through a more stable funding stream. In addition, since Medicaid is an entitlement program, there is no cap on the number of eligible adolescents who can receive Medicaid reimbursable services. While supportive of this effort, Clemens is concerned about the impact of using Medicaid. She does not want her programs's mission and activities to be compromised by the restrictions of a particular funding source.[5] Issues raised by this proposal are:

- **Time:** Medicaid billing and accounting can be a time-consuming process. Is it worth the hassle involved?

- **Eligibility:** TAPP can only be reimbursed for certain services provided to Medicaid-eligible individuals. Currently, TAPP serves anyone who walks in the door, including adolescent fathers.

- **Quality:** Can TAPP maintain the same quality of services under Medicaid? Medicaid reimbursement categories separate case management from direct services. Would this drive a wedge between case management and direct services?

- **Mission:** Is Medicaid consistent with the mission of the organization? This is the most troubling question for Clemens. While Medicaid case management is based on a medical model of service provision, TAPP case management is a very different psychosocial, educational, and health model which seeks to address many other non-medical facets of a client's needs.

Changing the Nature of Public Funding

As the discussion about Medicaid reveals, most public monies are categorical, meaning that they can only be used for specified services or clearly defined target populations. This funding approach makes providing comprehensive services to families extremely difficult. Some advocates believe that infusing family support principles into our system of service delivery requires fundamental changes in the nature of public funding. Specifically, many are arguing for decategorization. Decategorization is the effort to create greater funding discretion by removing categorical program requirements such as income, residency, or age limitations. This radical approach is far from easy to accomplish, particularly because it demands such strong commitment to change from policymakers and requires the establishment of a different system of accountability.

It is, nonetheless, being tried on a limited scale. One example is the three-year decategorization experiment, started in 1989, being conducted in two counties in Iowa. The Iowa General Assembly passed legislation which allowed the counties to fold a number of categorical programs[6] into a single child welfare fund which could be used to finance services provided under a more client-centered system.

Challenges in Funding

Seeking public funding poses many challenges for program administrators. It is difficult to simply keep abreast of potential funding sources and major efforts to reconfigure the system of public funding. In order to stay current, program administrators must continually seek out information on funding. One important information-gathering technique is keeping in contact with departments likely to fund family support activities, particularly those activities which respond to major public concerns such as the need for childcare, substance abuse prevention, and family preservation. Such information is also available through published sources of information such as *The Federal Register,* which describes all federal grants, or through electronic bulletin boards and databases, such as Dialog or Lexis/Nexis, which maintain information on federal, state, and local grants.[7] Administrators may also find out about important new initiatives by contacting related professional and advocacy organizations such as the Child Welfare League of America, the American Public Welfare Association, the Children's Defense Fund, and the Family Resource Coalition.

Identifying a potential public funding source is just the first step in the process. In addition to assessing the impact of the funding on her organization, the administrator must create and implement a successful strategy to obtain funding. The assessment process is one in which the administrator carefully weighs the costs and benefits of pursuing an identified source of funding; during this process, the administrator must judge whether the costs of meeting reporting requirements outweigh the benefits of additional funding or if program changes required by the funding source would compromise her organization's mission. The assessment should also include a realistic appraisal of the energy that will be required. At times, obtaining federal, state, and local grant monies can depend as much on the ability of the program administrator to exercise political clout as on a high quality proposal.

Ultimately, in order to make public funding widely available for family support programs, individuals and organizations involved in family support must work together to develop a clear agenda and strategy for public funding. Tapping the largest funding sources and reconfiguring the current system of funding require negotiations at the state and national levels. Program administrators working alone cannot influence these high-level negotiations. Before coming to the table, however, those who advocate increased public support must agree upon a strategy for pursuing public support. Should it be its own separate categorical funding stream? Should it be blended or decategorized funding? Should family support advocates work toward generally reconfiguring the system of public funding? A consensus is crucial: family support advocates must compete with other organizations for a share of increasingly scarce public funds.

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[1] GOETZ, KATHRYN, ed. (1992). *Programs to Strong Families: A Resource Guide,* Third edition (pp. 1( )). Chicago, Illinois: Family Resource Coalition.

[2] Ibid., p. 165.

[3] FRANK FARROW, et.al. (1990)., Challenges and opportunities for public policies on family support and education in *Helping Families Grow Strong: New Directions in Public Policy,* (papers form the Colloquium on Public Policy and Family Support), sponsored by The Center for the Study of Social Policy, Family Resource Coalition.

[4] BRINDIS, CLAIRE, BARTH, RICHARD P. AND AMY B. LOOMIS (1987). Continuous counseling: Case management with teenage parents. *Social Casework The Journal of Contemporary Social Work,* (p.166) Family Service America.

[5] Interview with Charlene Clemens, August 13, 1992.

[6] Programs included in the legislation were foster care, family-centered services, subsidized adoptions, day care, local purchase services, juvenile institutional care, mental health institute placements, juvenile detention, protective services and others. For additional detail, see Chapter 234, Section 203, subsection 9, paragraph i, Acts of the Seventy-Second General Assembly of the State of Iowa, Volume 1 (1987).

[7] Since these services can be expensive, the untrained users may want to find expert assistance such as the librarian in a local library to search for the information. FRC National Office can do limited searches of the *Federal Register,* which contains information on federal grants, for FRC members.

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■ by Toni Porter

PARTNERS FOR SUCCESS: Family Support for Formerly Homeless Families

In the late 1980s, the shortage of affordable rental housing in New York City reached near-critical levels. The City was housing more than 5000 families a night in barracks-style shelters where families slept on cots crammed against each other or in welfare hotels rife with drugs and crime.

The City's response was an ambitious housing plan whose stated aim was to rehabilitate 10,000 apartments in hundreds of buildings that had been abandoned by their landlords or taken over by the City for nonpayment of taxes during the 1970s and early 80s. When the renovations were complete, the plan called for some of the buildings to be turned over to not-for-profit housing sponsors who would collect the rent and manage the properties.

Most of this housing was located in the South Bronx or Central Harlem, where whole blocks had been abandoned during the 1970's. The burned or boarded-up shells of buildings stood amidst lots strewn with used tires and garbage. Crack dealers and prostitutes had taken over storefronts and street corners. There were few services of any kind, public or private. The publicly-funded services that remained — day-care centers, hospital clinics, schools, adult basic education programs — were overcrowded and overburdened.

These were the neighborhoods where the city intended to relocate families who lived in the shelter system. The vast majority were headed by single women in their mid-twenties, who had dropped out of high school; many had little or no work experience and were on welfare. More than half had children under six, many under three.

The prospects for these families and for the healthy development of their young children in the new housing were grim. The potential for failure was significant.

Could Family Support Help?

These were the motivations for Partners for Success, a demonstration program designed to attempt family support as an approach to helping formerly homeless families make a successful transition to permanent housing. A three-year effort, Partners for Success is a collaboration of Bank Street College of Education, community-based organizations, and the Edna McConnell Clark Foundation, which funds the effort.

Partners' objectives are to strengthen families by enabling them to help themselves; to help parents foster their children's development and to achieve their own personal goals; and to strengthen communities where the social fabric has been weakened.

Partners began in 1989 when the Clark Foundation made a grant to Bank Street's Division of Continuing Education to develop a family support program for formerly homeless families. The first task was to select the community-based organizations which would participate.

An RFP (request for proposals) was used for the selection process. Participating agencies were expected to serve a mix of formerly homeless families with children under six and other families with young children who had not lived in the shelter system, to avoid stigmatizing the formerly homeless families. Second, the agencies would be given the choice of using an existing family support model or developing their own approach. To help them decide, Clark sponsored a showcase of three programs—Missouri's Parents as Teachers program (PAT), the Israeli-developed HIPPY, and the Kenan Family Literacy program. And, third, the agencies were expected to collaborate with Bank Street, which served as the coordinator of the entire Partners for Success project.

After an intense process, five agencies were selected. Three were located in the South Bronx: Community School District 10 (the program is now sponsored by the New York City Fund for Public Education); the Highbridge Community Life Center, a grass roots organization offering a variety of services; and TAPCAPP, a child welfare agency that worked with teen parents. A fourth, Graham Windham Family and Children's Services, one of the oldest child welfare agencies in the City, is located in Central Harlem. CAMBA, a community development agency that specializes in adult literacy programs, is located in Brooklyn. Together, the Partners agencies were supposed to serve a total of approximately 250 families, ranging from 25 to 60 families per agency.

Partner Agencies Develop Service Plans

Of the five initial Partners agencies, three decided to use an existing model. TAPCAPP and Graham Windham chose PAT, which calls for monthly home visits by trained parent educators to help parents foster their children's development. Each said they planned to adapt the PAT model to meet the needs of the families. Based on its experience with adult basic education, CAMBA chose the Kenan Family Literacy model. It planned to offer the literacy classes, early childhood actitivies, and parent-child interactions, the basic components of this model at its site in a church basement in Flatbush, a neighborhood in central Brooklyn.

Athena and Highbridge decided to

develop their own approaches. Athena's model drew from some elements in Maryland's Friends of The Family. To be close to the newly relocated families, it intended to use an apartment in one of six rehabilitated buildings on a single block as the site for its program.

Like Athena, Highbridge's program was to be located in the housing to which families had moved from the shelters. Unlike Athena, it did not intend to use a single apartment as its site. Rather, it would organize clusters of eight families in each of four rehabilitated buildings to meet together on a weekly basis in each other's homes for a 26-week period.

Bank Street's Role

As the coordinator of the program, Bank Street has played several roles. From the outset, the school has seen its primary function as that of a facilitator, modeling family support principles and approaches with the Partners agencies' staff. Just as they were to build on family strengths to empower their families, Bank Street attempted to build on the strengths of the agencies to empower them to become family support programs.

That means monthly meetings on topics chosen by the staff. Visiting experts are brought at the staff's request. It also means that staff learn from and support each other. Monthly meetings include time for problem-solving and sharing, which ranges from exchanges of information about free activities or new City policies that may affect the families to workshops by individual Partners agencies on sucessful elements of their programs.

Bank Street also helps the Partners agencies document and assess the results of the joint efforts between the five agencies and the school. For example, along with them, Bank Street has developed participant registration forms, monthly participation status forms, and a semi-annual progress report form; and is currently engaged in developing measures for assessing outcomes by designing and testing its own interview instrument which the Partners staff will administer, tabulate, and analyze.

Bank Street also offers technical assistance and training in child development and parenting education, two areas in which it has a history of expertise. This aspect of the school's role has been crucial, because the Partners agency staff did not, for the most part, have experience in early childhood, and many of them, while strong on working with parents as adults, did not have formal experience with working with adults as parents.

Much of the technical assistance has focused on helping the Partners staff design and develop the early childhood components of their programs and took the form of consultations with the individual Partners agencies at their sites. By contrast, most of the training occured as supplements to the regular Partners meetings.

When it was suggested that Partners develop its own curriculum to meet the needs of the families, the staff responded enthusiastically and a parenting education curriculum for formerly homeless families based on these programs' experience is being developed collaboratively.

What Are the Results?

During the past two and a half years, Partners has evolved from a group of agencies bound together by the common goal to a tight network with a strong belief in the effectiveness of the family support approach. While each of the Partners has retained individual characteristics, all now offer a common set of core activities. Each program offers parenting education workshops, early childhood activities in spaces that are appropriately equipped to meet children's developmental needs, and access to literacy, adult basic education, and job training.

Equally important, Partners appears to have succeeded in its goal of being a demonstration of the effectiveness of family support for formerly homeless families. Between October, 1990 and July 1992, it served an average of 220 families a month. With the exception of one family, all were African-American or Latino. Eight of ten were headed by single mothers, most of whom had been homeless. During this period, fewer than three per cent have returned to the shelter system. At an average annual cost of $3,000 per family compared to $ 30,000 in the shelter system, Partners seems to be worth the investment.

Concerning the goal of adult development, the program also seems to be working. In nine out of ten of the families for whom data were reported, the parent(s) had not gone beyond high school; six of ten did not have a high school degree. Almost all of them were unemployed and dependent on public assistance. By May, 1992, approximately 63% of participants had been referred to educational or job training programs. Seven had found jobs.

The programs also appear to have had some success in helping parents foster their children's development. This summer interviews were conducted with a 20% sample of the participants to explore the impact in this area.

The interviews revealed that many participants regarded parenting education as their favorite component of the program, that it had helped them to communicate with their children and to understand them better, and that they had learned better ways to discipline.

To what elements of our programs should these indications of success be attributed? Based on the interviews it appears that the staff play a vital role in the effectiveness of the programs. Across the Partners agencies, participants repeatedly mentioned the warmth, responsiveness, and non-judgmental attitudes of the staff as key factors in their growing confidence in themselves, their ability to support their children, and their decisions to make changes in their lives. It also appears that the location of the programs in the neighborhoods where families live, and, in some cases, in their buildings, makes a signficant difference in enabling families to develop supports which are important for all families, but especially for those who have survived the trauma of being homeless. In addition, our interviews seem to indicate that the basic aspects of Partners' programs—parenting education, early childhood services, family activities, and access to education and job training—are the very features that attract and keep families.

Partners has also taught an important lesson. When the program began, everyone was skeptical about the potential of family support. Three years later, all those involved have become believers in its power to enable families to support themselves. From experience, it has been learned that the results can extend far beyond the short-term impact of helping families who have been homeless succeed in their new communities to the longer-term outcome of helping families make positive changes in their lives and those of their children.

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■ by Betty Cooke, Ph. D.

Minnesota Early Childhood Family Education: Evaluation Results

Early Childhood Family Education (ECFE) is a statewide public school program for all Minnesota families with children between the ages of birth and kindergarten. Currently offered in the 397 school districts and four tribal schools in Minnesota, ECFE is accessible to 98% of families with young children in the state. More than 220,000 young children and their parents participated in the program during the 1991-92 school year. Approximately $30 million in state and local revenue is currently allocated for the program. It is the oldest and largest family education and support program in the country.

Early Childhood Family Education programs meet the needs of families in their communities in a variety of ways. Most programs include the following components: parent discussion groups; play and learning activities for children; parent-child interaction activities; special events for the entire family; home visits;early screening for children's health and developmental problems; information on other community resources for families and young children; libraries of books, toys, and other learning materials.

Series of various types and intensities of services are offered, and families choose the ones most appropriate for them. Typically, a family attends a weekly two-hour session which includes parent-child interaction time and additional learning opportunities for the children while the parents participate in a parent discussion. Families needing more or different services may receive home visits and other more specialized programs. Special services are also offered for single parents, teen parents, parents of children with disabilities, employed parents, and others. Program activities are provided by licensed parent educators and early childhood teachers at schools, shopping centers, apartment buildings, homeless shelters, churches, and other community sites.

The Evaluation Process

Staff from a statewide sample of 24 ECFE programs worked with a nationally-known and widely-published program evaluator, Michael Q. Patton, and Minnesota Department of Education ECFE program specialists on an evaluation project to study the effects of the program on parent participants. A key purpose of the study was to make the evaluation process part of the regular program and to involve program staff in data collection and analysis. Patton worked with local program staff to develop a set of interview questions to be asked of parents new to the program prior to and at the end of participation during the 1990-91 school year. Questions focused on core elements of change likely to occur for parents in ECFE programs across the state. Program staff were trained to conduct the interviews and to analyze the data from 183 parents (156 in general parent groups, 16 in single parent groups, and 11 in teen parent groups) who completed pre- and post-program interviews. Analysis involved identifying changes in the parents' responses after participation in the program for one year. The participatory evaluation process served to "connect program staff to participants in ways that expanded their understanding of participants' perspectives and experiences,"[1] and also to make the staff feel more involved and invested. This increased the likelihood that recommended program changes derived from the process would actually be realized.

The Evaluation Outcomes

Each parent's complete response to each interview question was coded and counted. The majority of coded parent responses reflected significant changes in the ways the parents saw themselves and behaved as parents after a year of participation in an Early Childhood Family Education program. Among the general parent group, 61% of their responses showed change, while 67% of the single parents' responses, and 59% of the teen parents' responses indicated change.

Five overall change themes were evident in the responses of all parents:

1. Increased feelings of support from others, knowing they "are not alone," that other parents have similar problems and concerns, feelings and experiences;

2. Enhanced confidence and self-esteem as a parent;

3. Increased knowledge, awareness, and understanding of children and child development and of the parental role in relation to child development;

4. Changed perceptions and expectations for themselves as parents and for their children based on this increased knowledge, awareness, and understanding; and

5. Changes in behavior based on

increased feelings of support from others, increased self-confidence, increased knowledge, and changed perceptions and expectations of their children and themselves.

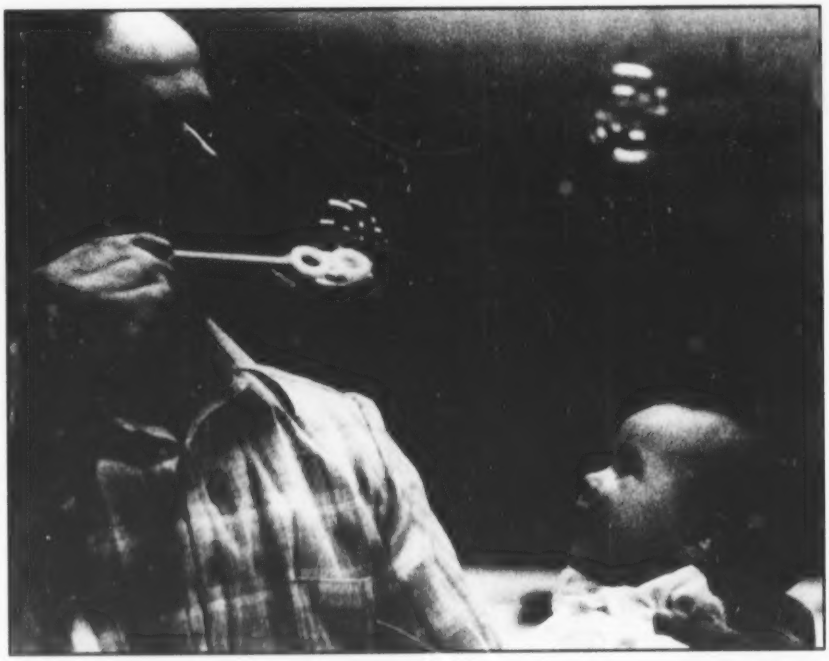
Specific examples of types of behavior change indicated by parents included more frequently:

- Stopping to observe, listen, and think before acting with their children, a move from immediate reaction in situations to forethought before action;
- Incorporating their children's perspectives in their responses to the children, becoming more attuned and sensitive to their children's needs and point of view;
- Giving time and attention to their children;
- Offering choices to their children;
- Encouraging their children to explore and to solve problems, rather than doing things for them;
- Modeling new behaviors;
- Talking about and explaining situations to their children;
- Allowing their children to express feelings, including anger;
- Redirecting their children's behavior when needed;
- Removing themselves or their children from challenging situations to regain composure;
- Involving another adult when needed.

Many parents, after a year of program participation, indicated a larger repertoire of developmentally appropriate interaction strategies and more options or alternatives for responding to and interacting with their children. Some parents described a decrease in such behaviors as yelling, hitting, and spanking, and a reduction in feelings of inadequacy and guilt.

Over three-fourths of the parents indicated that they observed a number of changes in their children which they associated with program participation. These included:

- Improved social interaction and relationships, development of social skills;



- An increased sense of self-confidence and self-esteem;
- Language development and increased communication skills; and
- Greater expression of feelings.

All of these are commonly recognized elements of school readiness.

Recommendations

Early Childhood Family Education program staff involved in data analysis identified the following recommendations for ECFE curriculum and program development based on study results.

1. Ensure that all activities broaden parents' knowledge of child development and parent-child and family relations;

2. Provide regular opportunities to address parental concerns related to guidance of children;

3. Emphasize the importance of families acquiring support and resources;

4. Increase recognition of the value and use of parent-child interaction;

5. Clearly communicate the program's goals to parents;

6. Continue to emphasize parent self-esteem and parent self-care as being of value both to parents personally and to their families;

7. More explicitly incorporate development of family communication and problem-solving skills into program content;

8. Provide opportunities for parents to become involved with the program on a short- or long-term basis;

9. Increase involvement of *both* parents;

10. Encourage and continue to create ways for family members to spend more time together.

References

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(A copy of the full evaluation report is available from the author of this article.)

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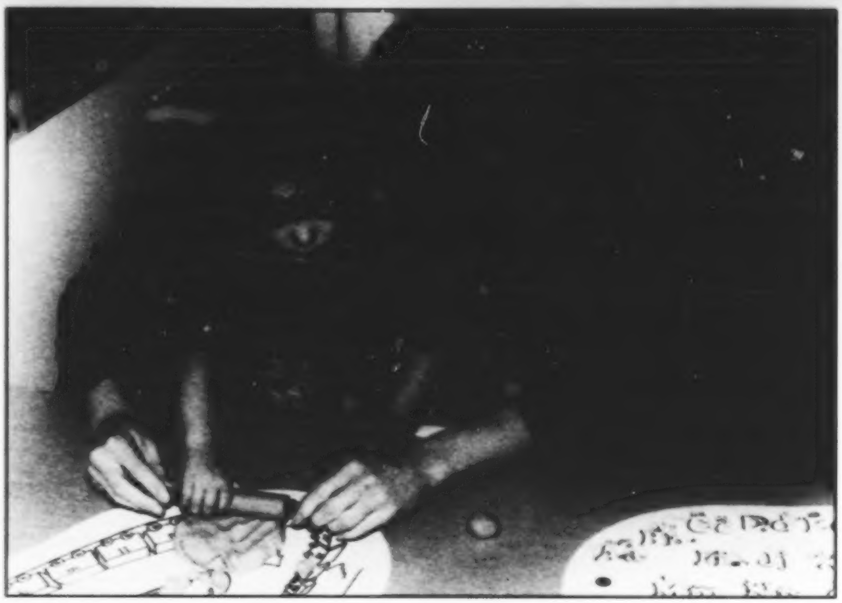
by Elizabeth J. Sandell, Ph. D.

SO YOU'RE PLANNING A FAMILY RESOURCE CENTER: Considerations to Guide the Process



During the past eighteen years, Independent School District 625 in St. Paul, Minnesota has been very supportive of early education and parent involvement. Minnesota's state program, Early Childhood Family Education (ECFE) has been widely implemented with state and local funding. Since 1988, the 625 District staff have viewed family resource centers as a variation on the ECFE theme which can promote equity and diversity in education and contribute to school readiness. Three such centers have already been established with a combination of ECFE and grant funding. Eventually the school district hopes to create a network of centers, one in each neighborhood (meaning approximately eight to ten throughout the city).

In setting up such a system of family resource centers, the District 625 public school staff members and advisory councils have developed a set of questions to guide policy and program design decisions for newly established family resource centers. The responses to these questions help decision-makers tailor such programs to the unique concerns, needs, and strengths of individual city neighborhoods. Planners in other areas will find their own criteria, realities, and priorities. Examining the issues and thought processes which helped form the St. Paul network may help other communities in their efforts to design successful centers to strengthen families.

Establishing Basic Principles

Why is a family resource center necessary? What needs of families motivate this program? What impels the community to plan such a program?

Replies to these questions will begin to define the scope and specificity for a family resource center. The centers in St. Paul are based on the premise that all parents benefit from information and support for their parenting roles. Some parents may be more isolated from positive assistance. Some families are less likely to seek substantial informal or formal help from individuals or community programs. Meanwhile, low- income conditions may cause higher rates of family chaos and stress. The resource center staff work to help parents gain access to informal and formal support systems within their neighborhood and community.

Roles of Participants

What relationship does the family have to the community? What relationship does the family have to the professionals?

Responses to these questions will identify the roles of participating families as they relate to staff members in a family resource center. The traditional medical model presupposes a hierarchical professional-client relationship. In such a deficit-based model, the staff member diagnoses the need and prescribes services. The professional assesses the client, establishes the goals, and evaluates progress. Help flows from the professional to the client.

District 625 centers are developing around the more contemporary consumer model, which presupposes a collaborative partnership between project staff members and family members. In this "parent as expert" model, decisions are made jointly and are based on an exchange of information and experiences. Families are seen as resourceful and competent in shaping the content and tone of services. Together, parents and professionals organize, implement, and evaluate. Project staff members find that they experience change, too, when they are open to new ideas and influences. The St. Paul family resource centers were designed with the involvement of community residents who were interested in providing educational and support services to parents and young children. Parents provide input through advisory councils, setting family goals and describing strategies for achieving those goals, and participating in project evaluation efforts.

Target Population

Who will be eligible for services, according to geographical boundaries, income levels, family situations, and educational levels?

Decisions about who will be receiving the direct and referral services help determine exactly which program components to provide. The centers in St. Paul are identified by city planning areas, which are generally correspond to groups of neighborhoods. Although there are no income eligibility guidelines for individual families, the first three family resource centers have been located in lower income neighborhoods. Because the funding sources are oriented toward health and school readiness, services are available to expectant parents and families with at least one child between birth and kindergarten.

Evaluating Needs & Results

What are the needs of families involved in the family resource center? How will we decide which services to offer? How will we evaluate the impact of the family resource center services?

In the planning phase for each District 625 center, formal demographic data was collected including information on economics, race or ethnic group, and educational background of neighborhood residents, and on the services and resources already available to the community. With resident involvement, informal data was collected on community social patterns, identities of informal community leaders, and where neighborhood residents would usually go for advice.

Parent and community input may help assess family strengths, resourcefulness, current functioning, coping strategies, and parent-child interaction styles. This information can help parents and staff together to develop individualized family plans for programming. Aggregate information can help staff members design program components and report to funding sources. Funding sources require accountability, so some formal evaluation process may be necessary.

Which Components?

Is the purpose of the centers general or specific? Will the program be single- or multiple-focus?

Funding sources dictated that family centers in District 625 be directed to providing parent education, preventing child abuse, school readiness, neighborhood development, and health care. Consequently, these centers have been established as multiple-focus programs: they offer early childhood and parent education, positive parent-child interaction opportunities, and they try to strengthen the connections that families have with community agencies.

What components will the program include? How will services be delivered? Will family resource centers provide direct services? Will they coordinate or collaborate with other agencies? Engage in advocacy?

The St. Paul centers incorporate a variety of direct services, along with referral and coordination with community services. Because of their focus on families with young children, all District 625 centers include at least home-based parent education and drop-in parent-child interaction experiences.

The St. Paul family resource centers have been designed with the flexibility to move beyond a traditional, targeted, information-based approach to parent education and toward a comprehensive, ecological approach to family support.

Therefore, depending on the concerns and goals expressed by neighborhood families and on funding available, the centers may also incorporate other programming, such as family literacy and English as a Second Language programs, health care information and education, family special events and field trips, clothing exchanges, emergency food shelves, transportation to appointments, health screening, lending library, nutritional services, employment counseling and training, and mental health counseling and referral. The variety of components offered may be determined by the level of existing community collaboration among agencies and providers.

Location

Will the family resource centers be tied to any single agency? Where will they be located?

For the three original family resource centers, the St. Paul District acted as sponsor and fiscal agent. This worked because the public school system already had the image of serving all children and families without regard to income or family situation. An affiliation with the schools reinforces the relationship of student school achievement with family and child well-being.

Because of funding and space availability, two of the three St. Paul centers were located in neighborhood storefronts and one was located in a school building. The storefronts proved more accessible to many families with transportation limitations or who were uncomfortable in school settings. The family resource center which was located in a school building is not on a bus route and does not have easy pedestrian access found location to be a liability. Planners should think carefully availability and accessibility when deciding on location.

Staffing

What role will staff members take with families: friend or teacher, social worker, facilitator or problem-solver, expert or collaborator, decision-maker or negotiator? At what level will staff members be hired and paid?

Since the District 625 family resource centers are based on a consumer model, staff members are take the roles of facilitator, collaborator, and negotiator, according to the tasks at hand. Weekly staff meetings in large and small groups help staff members maintain a consistent approach and ethical boundaries.

Service delivery to diverse populations is often a cross-cultural experience. Typically, in a medical, hierarchical model, professionals are licensed and experienced middle-class people, and clients have less education and represent diverse ethnic and cultural backgrounds. For family resource centers, however, hiring staff members from within the community facilitates the delivery of services. Staff members may be chosen to approximate the ethnic, cultural, or class backgrounds of the participating population. In St. Paul, this has meant creating a paraprofessional level of home visitors and community outreach workers who are hired from within the community. Each home visitor contacts about 10 to 13 families each week. Home visitors have weekly individual consultations with a licensed supervisor and attend weekly staff development meetings.

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■ by Janice L. Hanson, Ph.D., Elizabeth S. Jeppson, Ph.D., Beverley H. Johnson, B.S.N.

Promoting Family-Centered Services in Health Care and Beyond

In recent years, families and professionals such as physicians, teachers, and psychologists who are working together to provide services for children have moved in the direction of a family-centered approach to services. This strategy recognizes the importance of collaborative relationships between family members and professionals and the importance of shaping services for families according to family-identified needs, perspectives, and choices.

Table 1
Key Elements of Family-Centered Services

- Recognizing that the family is the constant in a child's life, while the service systems and personnel within those systems fluctuate
- Facilitating family/professional collaboration
  - —in the care of individual children;
  - —in program development, implementation, and evaluation;
  - —and in the formulation of policy
- Honoring the racial, ethnic, cultural, religious, and socioeconomic diversity of families
- Recognizing family strengths and individuality and respecting differing methods of coping
- Sharing with families, on a continuing basis and in a supportive manner, complete and unbiased information
- Encouraging and facilitating family-to-family support and networking
- Understanding and incorporating the developmental needs of infants, children, and adolescents and their families into service systems
- Implementing comprehensive policies and programs that provide emotional and financial support to meet the needs of families
- Designing accessible service systems that are flexible, culturally competent, and responsive to family-identified needs

Source: National Center for Family-Centered Care. (1990). What is family-centered care? (brochure). Washington, DC: ACCH.

Family-centered care is an approach to service delivery that emphasizes family/professional partnerships and sensitivity to families' unique strengths, priorities, and preferences. Table 1 delineates the key elements of family-centered services. Family-centered services arise from a respectful, collaborative relationship with families. These elements help families and professionals plan and evaluate services.

A family-centered approach to services entails rethinking attitudes about families, professionals, and service delivery, and re-examining the assumptions by which we operate. Implementing family-centered services requires all of us who provide care and service for children—families and professionals—to engage in individual and institutional reassessments in order to translate these principles into daily attitudes and practices and to allow our attitudes and expectations to evolve.

The Institute for Family-Centered Care

The Institute for Family-Centered Care, based in Bethesda, Maryland, is a newly-formed organization of nationally recognized leaders in child health, early intervention, education, and child and family advocacy. In partnership with families and professionals from many disciplines, the Institute promotes understanding and practice of family-centered services. The Institute seeks to promote principles of family-centered services in systems providing care and support to children and families, including health, education, mental health, and social service. The Institute pursues its work through materials development, consultation and training, information dissemination, research, and public policy initiatives.

History and Evolution of Family-Centered Care

The basic elements of family-centered care were originally articulated in relation to health care, specifically in relation to families of children with special health care needs. Awareness soon developed that the principles of a family-centered approach also applied to other systems of care, such as education, mental health and social services (Jeppson, 1988). Although the language and articulation of the elements of family-centered care (also termed family-centered services) came from the health field, parallel movements with different language, but similar principles, arose simultaneously in other fields.

As families and professionals have worked together to implement and understand family-centered care, the language of the key elements has been refined. One example of this development, since the main ideas were first set forth in 1987 in *Family Centered Care for Children with Special Health Care Needs* is cultural competence. Although the intent from the beginning was for family-centered care to encompass culturally appropriate understanding and practice, the need to state this explicitly became more obvious over time. One important change, therefore, involved adding a ninth element and modifying wording to highlight the importance of honoring the racial, ethnic, cultural, religious, and socioeconomic diversity of families. Learning how to design and deliver appropriate, sensitive, and effective services to families from a wide variety of backgrounds remains a pressing need in implementing the principles of family-centered care.

A second example of a change in understanding is an evolving view of the nature of the partnership between family members and professionals. In the early thinking about family-centered services, families were considered equal partners with professionals. Over time it has become clear that this is not an equal partnership: family perspectives and choices must take precedence over those of professionals. Families retain the right to make choices and decisions for their children, even when their choices differ from the choices of professionals.

> *"Over time it has become clear that this is not an equal partnership: family perspectives and choices must take precedence over those of professionals."*

Thoughts about Further Implementation

The challenge and fulfillment of family-centered care come in evaluating existing services and looking for ways to more effectively involve and respond to families. As we look to the future, several areas deserve special attention in implementation. One, as stated above, is cultural competence; if services are to be truly family-centered, they must respond to family diversity and values. A second area deserving attention is family/professional partnerships, and finding ways to promote family/professional dialogue at the individual program level and in activities for developing policy. Tables 2 and 3 provide checklists that programs might use to evaluate their services in the areas of cultural competence and family/professional partnerships.

Table 2

Honoring Family Diversity and Values A Checklist for Family-Centered Services

Do we . . .

learn who is included in the family and who needs or wants to be involved?

learn what supports the family wants?

find out each family's customs or preferences regarding language, religion, health practices, kinship, food, and holidays?

honor family values, customs, and choices?

help families identify and use their preferred support networks?

assist families to use their preferred spiritual resources?

recruit staff who share the language and ethnicity of communities surrounding the program?

provide information and services in the languages of the surrounding communities?

Adapted from: Johnson, B.H., Jeppson, E.S., & Redburn, L. (1992). Caring for children and families: Guidelines for hospitals, *p. 196. Bethesda, MD: ACCH.*

Table 3

Promoting Dialogue and Partnerships A Checklist for Family-Centered Services

Do we . . .

demonstrate our respect for families as experts on their children?

involve families as equal partners in all aspects of service?

assure that family priorities and choices guide services?

identify a single individual who will coordinate services with the family?

make sure staff members introduce themselves and explain their roles and functions?

assure that clear, useful, and comprehensive information is shared with families?

learn about families' unanswered questions or concerns?

offer choices for family participation?

ask about family satisfaction with services?

offer a variety of ways for families to request changes or express dissatisfaction?

honor family requests for exceptions to policies and procedures?

help staff and family find common ground when disagreements occur?

analyze, with families, problems that occur to see what can be learned to improve communication and service?

Adapted from: Johnson, B.H., Jeppson, E.S., & Redburn, L. (1992). Caring for children and families: Guidelines for hospitals, *p. 196. Bethesda, MD: ACCH.*

As we seek to implement culturally competent, family-centered services, it is important to increase both the number and diversity of the parents and other family members who serve in advisory and consulting roles. Table 4 provides a checklist to help programs increase family participation in advisory roles. To be successful in this, we need to be flexible and develop innovative approaches to seeking input. Participating in ongoing advisory committees is an effective way for some families to share in development of practices and policies. For other families, attending a meeting once, advising by phone, or sharing thoughts in informal community settings may be more valuable.

Family-centered care is a set of dynamic, evolving concepts, and the evolution of family-centered understanding and programs will continue. This shift in perspective and practice holds the potential to produce a broad-based revolution in stategies for service delivery.

Table 4

Incorporating Family Expertise at All Levels A Checklist for Family-Centered Services

Do we . . .

arrange timely and regular feedback from families about policies, programs, and practices?

respond to recommendations from families?

include families in program-level decisionmaking?

hire experienced family members as consultants or advisors?

include families as teachers for staff in-service training sessions?

compensate families for their time, expertise, and expenses when they serve as consultants, advisers, and teachers?

make experienced family members available as a source of information and support for other families?

offer all families regular referrals to a variety of family-to-family support and networking groups?

Adapted from: Johnson, B.H., Jeppson, E.S., & Redburn, L. (1992). Caring for children and families: Guidelines for hospitals. *p. 197. Bethesda, MD: ACCH*

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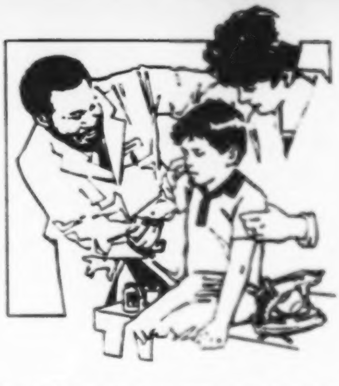

For further information on resources for families coping with HIV contact:

National Pediatric HIV Resource Center
Children's Hospital of New Jersey
15 South 9th Street
Newark, NJ 07107
201/268-8251

A non-profit organization that serves professionals who care for children and famililies with HIV infection and AIDS. The Center was founded in 1990 and offers consultation, technical assistance and training for medical, social service, and planning personnel. NPHRC promotes family-centered, comprehensive, community-based systems of healthcare and is dedicated to assuring the delivery of care that is caring, competent, and culturally sensitive.

NPHRC is developing a national network of service delivery systems which can meet the needs of children, women and families with HIV infection and AIDS. Currently, it provides complete information on 30 direct service demonstration project sites operating in 18 states, the District of Columbia and Puerto Rico. These sites, which are part of a 1988 pediatric/family HIV healthcare demonstration grant established by Congress, are coordinating their activities with those of other public and private agencies to develop comprehensive, family-centered coordinatedservices

National AIDS Clearinghouse
Atlanta, Georgia
800/458-5231

Located within the Centers for Disease Control (CDC), the Clearinghouse serves as a central information network on AIDS and HIV infection.

Pediatric AIDS Foundation
Santa Monica, California
310/395-9051

Founded by Elizabeth Glaser, the Foundation provides funding for research on pediatric AIDS and HIV infection, offers emergency assistance funding for programs, and sponsors several "think tanks" annually on pediatric AIDS and HIV infection.

by Christine Vogel

COMPREHENSIVE AIDS FAMILY CARE CENTER: A Model Treatment Program in the Bronx

A diagnosis of AIDS hits all families hard. But it's especially difficult for families who have lived with loss, poverty, and a sense of depression and hopelessness even before the HIV or AIDS diagnosis. Additional problems of single parent families, widespread drug use, and the fact that many of the children may also suffer from cancer or hemophilia (if they acquired HIV from contaminated blood products) present program providers with a complex range of issues that must be addressed, both medically and through supportive efforts on behalf of the families.

In 1981, Dr. Arye Rubinstein, Director of Allergy and Immunology, at Yeshiva University's Albert Einstein College of Medicine in the Bronx, New York, diagnosed the first suspected case of pediatric AIDS in the United States. Three years later, he established the nation's first pediatric AIDS center. And later, the Comprehensive AIDS Family Care Center developed as the complexities of dealing with both the medical and psycho-social issues associated with pediatric AIDS became manifest. A coordinated team effort among pediatric immunologists, social workers, nurses, and health planners, the family-centered program has been recognized as a model for the care of AIDS-affected families.

As of October, 1992, there were 242,146 diagnosed cases of AIDS nationwide, according to the Center for Disease Control; 4,051 of these were among children under the age of 13. The number of people estimated to be HIV-infected is about four times that number — nearly one million.

The number of HIV-positive newborns is the highest in the country in the Bronx, where the AIDS Family Care Center is located. Defining family members as "anyone who has close social contact with an HIV-infected woman or child," the Center treats patients referred by all the surrounding hospitals and community agencies.

To date, the Center has treated more than 3,000 HIV-diagnosed individuals. Currently, there are 350 children in treatment at the Center, as well as 150 pregnant women involved in federally sponsored experimental drug trials (since 1989, the Center has housed the National Institute of Health's AIDS Clinical Trial Group).

A child with AIDS signals an entire family at risk, says Anita Septimus, M.S.W., the Center's Director of Social Services.

Intravenous drug use is associated with over 70% of the families, many of whom are at the poverty level; 80% are from minority backgrounds. When an HIV-positive infant is identified, the mother often simultaneously discovers that she is also infected, and that she has infected her child. Sometimes, the adults are as sick or sicker than their children. The Center offers them all coordinated care under one roof, provided by a consistent group of professionals with whom they may be able to build some level of trust.

"People are reluctant to divulge the fact that they have AIDS, as they might be willing to do if they had cancer," says Septimus. The stigma associated with an AIDS diagnosis breeds isolation among a group that is already isolated and vulnerable. "A family-centered approach helps minimize isolation, and the continuity of treatment providers is crucial — the same doctor, nurse and social worker may serve the entire family. These families don't want to have to repeat their stories over and over again."

The Family Center's multidisciplinary staff consists of an administrator (Septimus); 8 pediatric immunologists; 6 nurses; 4 social workers; a pregnancy study coordinator and three support staff. Because the Center serves a multi-cultural community, Septimus strives for the same diversity in the staff and as many bilingual health professionals as possible. "We are sensitive to cultural issues, and that helps us serve the community better," she says.

The Center's family support component consists of eight major service areas:

- Information and referral services identify the appropriate medical and mental health care treatments for a family.
- Psychosocial assessments evaluate the type and number of mental health care services a family may need.
- Crisis intervention provides immediate services for suicidal patients, help for emergency shelter needs, and grief counseling.
- Weekly support groups provide mothers, primary caregivers, and siblings with support and problem-solving techniques.
- Family therapy is designed to help families improve communication and develop adaptive ways of operating as a unit. It helps families to restructure themselves, while respecting the prevailing kinship system, sibling roles, and generational hierarchy.
- Outreach and advocacy programs help families negotiate public assistance agencies, and provide school advocates, legal interventions, substance abuse outreach, protective and foster care, and necessary social and financial supports .
- Treatment coordination insures that patients will keep their medical appointments and followups.

The Center also organizes summer camp programs; arranges for members of the hospital's Clown Care Unit to visit weekly the inpatient children who are receiving IV Gamma Globulin treatments; takes part in funerals and memorial services; and organizes holiday celebrations. These efforts help both patients and health professionals to see one another as people.

Spending time together also gives the professionals more opportunity to educate parents and caregivers in the complex tasks of helping their children maintain optimal health.

Septimus emphasizes some key issues to consider concerning support for AIDS-affected families. "We need to pay particular attention to non-infected siblings, since they're going to lose a brother or sister *and* a parent. They're the future orphans of AIDS." She also points to the need to provide emotional (and in-home) support for the grandmothers "who are supporting both a dying daughter and grandchild. That way, they'll be more prepared when the time comes," says Septimus.

The Comprehensive AIDS Family Care Center charges no service fees. Most patients are on Medicaid or receive aid through a variety of social services in the community (the state Human Resource Administration, for example, provides housing entitlements for individuals with AIDS). The Center receives funding from a number of federal, state and city sources, including the New York State Department of Health, the National Institute of Health, and COBRA, a case management refund program. In New York City, AIDS has become the leading cause of death for women aged 25 to 35. Since women are more likely to contract AIDS heterosexually than men, the overall implications for the future of pediatric AIDS are alarming. Septimus urges counseling and AIDS awareness. "An effort must be made to lessen the stigma so people can seek the care they need. We can't afford the luxury of ignoring AIDS."

Christine Vogel is staff writer for the Family Resource Coalition.

by Margot Ann Sabato

IN-PACT: Indiana's Family Support Program for People with Developmental Disabilities

IN ♥ PACT

In the summer of 1990, the Indiana Governor's Planning Council for People with Developmental Disabilities circulated a Request for Proposals to develop family support/crisis intervention models for urban and rural areas around the state. At that time, there was no formal state-funded support service for families with members with developmental disabilities who chose to reside in their natural homes. In-Pact, a social service agency in Crown Point, Indiana was awarded a grant to develop a family support pilot project in an urban area.

In-Pact was established approximately 10 years ago in response to the needs of people with autism. The agency is now considered the area's leading provider of services to people with autism and other developmental disabilities. Some of the services In-Pact provides in the community include residential group homes for children and adults, alternative family placement, epilepsy support, and summer programs.

Through years of providing services to the community, In-Pact recognized a tremendous need for services to families who choose to keep their children with developmental disabilities at home instead of seeking residential placement. With the grant from the Governor's Planning Council, the Family Support Program of In-Pact opened its doors in December of 1990. The basic objective of the program was to develop a new service delivery system for families with children with developmental disabilities. It sought to provide training and support mechanisms to help keep the families intact and every family member fully integrated into the community.

The ultimate goal was to lessen the need for these families to seek out-of-home placement for their children. This would greatly reduce the amount of money that the State of Indiana would required to provide to maintain these children outside of their families' homes.

In-Pact's Family Support Program completed its second year in September of 1992, and in those two years, it has provided some form of service and support to over 30 families, and helped 60 others with referrals. Of those 30 families, over 60% said that their involvement in the Program has delayed or prevented a possible out of home placement. Information compiled in the first year of the project showed that the Family Support Program spent an average of $3,400.00 per family on individualized training and support. When this sum is compared to the cost of maintaining one child in a state-funded residential facility (between $40,000.00 to $80,000.00 and more per year), it is easy to see that a substantial savings can be realized by providing the necessary supports to the family.

But the question of whether or not to develop an encompassing state wide family support program should not be reduced simply to an economic feasibility study. Most families do not want to give up the care and nurturing of one of their children to an outside agency. This is a heart-wrenching decision from which many parents and children never fully recover. A preferable practice is to give the families what they need so that they can best care for their children in their own home.

In-Pact's Family Support Program is family- and consumer-driven. When the family first meets with the Program staff, a detailed case history is taken. Over the course of the next few weeks, the staff and the family work to develop a list of objectives based on what the family feels are its greatest strengths and needs. Based on these objectives and on what each family feels it needs to maintain the family unit, a service plan is developed. Because family dynamics differ, so too do family plans. The amount of program intervention varies according to the family's needs.

Some families' needs are small, such as a referral to an appropriate social service agency, or perhaps a quality respite care worker so that the parents can go on their first vacation in years without the children. Some parents need training in basic behavioral management such as reinforcing only their children's appropriate behaviors. Using techniques such as role playing and modelling, and through videotaping, the staff help the family learn new and proper ways of dealing with their children's more challenging behaviors. Whenever possible, existing community services are utilized first, so that available services in the community are not duplicated.

One single father needed someone to watch his son who has autism after school while the father worked. Instead of providing a respite care worker for that period of time, which would have been the typical response to such a problem,the Program arranged for the boy to attend the local grade school's latchkey program. The school was hesitant to provide such service to the boy because of his disability, so the Program agreed to have one of their staff supervise for as long as it would take for the school staff and the boy to feel comfortable with the arrangement. This supervision was only necessary for ten days. This arrangement represented a substantial savings in respite care costs, while putting the child in a much more appropriate situation for a child of his age.

Other families' needs are greater, necessitating a greater expenditure in funds and staff time. And the needs of a family are never static. As the children and the parents grow older, new situations present themselves continually.

The Family Support Program was developed to evolve with the families, and to provide them with the necessary training and supports throughout their lives. The Program has provided in-home therapies (as an adjunct to formal therapies such as physical, occupational, and speech), behavior management techniques, advocacy services to schools and workshops, summer camps, adaptive-behavior and pre-educational-skills training, respite care funding and workers, environmental modifications, and specialized equipment. The Program also provides many pro-active services, such as parents' support groups, in-service and educational conferences, a monthly newsletter, social events, and a computerized bulletin board network to provide information for and about people with disabilities.

As the Family Support Program begins its third year, new funding sources are being sought. The State of Indiana has recently begun its Home and Community-Based Waiver Programs through Medicaid, and it is anticipated that this will be the major funding source for such programs for the next few years. Also, based on the work of the pilot projects of the initial grant through the Governor's Planning Council, two bills will be presented to the General Assembly this January. The goal of these bills is to provide a secure funding source to establish family support programs throughout the state. Together with the Medicaid Waiver Program, and the possible new legislation, the future of Family Support for people with disabilities is beginning to look very positive in the State of Indiana.

Margot Ann Sabato is Coordinator of the Family Support Program. She can be contacted at In-Pact, Inc., 182 W. North St. Crown Point, Indiana 46307, 219/662-1905.

■ by Ted Bowman

INCLUDING FATHERS IN FAMILY WORK: Now It's More Than Just Talk

Talking about working on parenting issues with fathers has become more common than actually working with fathers. Strange as it may sound, this represents progress. Twenty-four years ago, I, the father, was not allowed to be present at the birth of my child, a policy reminiscent of the comment attributed to Margaret Mead that fathers are a biological necessity but a social accident. Seven years later, Michael Lamb described fathers as the forgotten contributors to child development. (Lamb, 1975). This transition from sarcasm and inattention to inclusion in most family education programs is indeed progress. There is, however, much to be done if this talk is to be translated into effective work with fathers, whether in the workplace or at another community site.

In this brief article, suggestions for working with fathers in relation to balancing work and family issues will be offered. They are offered to stimulate your thinking about options and approaches which enhance the quality and volume of services utilized by fathers.

1. Be wary of biases about fathers and parenting. Much of what's written is negative and blames fathers for avoiding household responsiblities, not paying child support, lack of involvement in parent education, etc. Strong father-child relationships may not be as widely publicized. Presume that fathers want quality relationships with their children. On the other hand, deal with the reality of fathers, not an imagined ideal. Be open to a range of fathering experiences, attitudes, and methods.

2. Listen to the specific desires and needs of working fathers as you plan and execute your program. Let them guide you in choosing topics for attention. Here are some possibilities not typical to all parent support programs:

- Long-distance dads and stepfathers
- Rights of non-custodial fathers
- Conveying values
- Dads and their traditions
- Rites of passage
- Becoming the father I never had
- Telling my story to my child

Such topics as these complement traditional themes, such as communication, discipline, school readiness, and relationship-building, which are also of interest to fathers. (see Johnson and Palm, 1992).

3. Be open to varieties of meeting schedules. Working parents of both genders are time conscious. Commitment to a six to eight week group may be unrealistic and out-of-sync with men's wishes. Single sessions can have more impact than no meetings at all. Be willing to modify your typical standards or approaches to reach a population that may desire services but in a different format than you have typically provided. A fathers' advisory committee could help in making these decisions.

4. Use both indirect and direct educational tools. For example, men may be wary of self-disclosure in the workplace environment. Use case studies, vignettes, fictional stories as ways of getting at real issues without requiring men to talk about themselves.

5. Appeal to fathers' values and commitments. "What do you want your children to remember most about or from you? What's the one message you for sure want them to have learned from you?"

6. Draw on the workplace for analogies, yet be ready to help men to see differences between child-rearing skills and those of being an effective worker. "All of us developed pictures of work and its place in a man's life as we grew up. I'd be interested in hearing some of those early messages and in exploring similarities and differences between workplace values and parent-child values." In other words, be provocative. Use men's experiences as an entry into parent-child material.

7. Find champions with influence. A director of an Air Force Family Support Center told me that when his base commander left meetings to pick up his children from day care, work-family programs took on new prominence. Use your advisory committee or other connections to find key people in union or management ranks who can champion your program.

The time is ripe for attention to fatherhood concerns. Seize the moment in traditional and innovative ways. Family resource and support programs can be, indeed must be, father resource programs. Then, fathers, mothers, and, most all, children will benefit.

For perspectives on men, families and work, the following books contain materials useful to family educators.

Being a Father: Family, Work, and Self. Edited by Anne Pedersen and Peggy O'Mara. Santa Fe: John Muir Publications, 1990.

Men's Lives. Edited by Michael S. Kimmel and Michael A. Messner. New York: Macmillan Publishing Company, 1989.

Parenting Together: Men and Women Sharing the Care of their Children. Diane Ehrensaft. Urbana: The University of Illinois Press, 1990.

Staying the Course: The Emotional and Social Lives of Men Who Do Well at Work. Robert S. Weiss. New York: The Free Press, 1990.

To Be a Man: In Search of the Deep Masculine. Edited by Keith Thompson. Los Angeles: Jeremy P. Tarcher, Inc., 1991.

Working with Fathers: Methods and Perspectives. The Minnesota Fathering Alliance. Stillwater, MN: nu ink unlimited. (available through the Family Resource Coalition), 1992.

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JOHNSON, LOWELL AND PALM, GLEN (1992). Planning programs: What do fathers want?, in *Working with Fathers: Methods and Perspectives* written by the Minnesota Fathering Alliance. Stillwater, MN: nu ink unlimited.

Ted Bowman is Senior Trainer for Community Care Resources, a program of the Wilder Foundation in St. Paul, MN. He is also one of the members of the Minnesota Fathering Alliance, which wrote **Working with Fathers.** *He has been a working father for 24 years.*

by Bess Kypros, Ed.D.

Understanding Adults' Education and Learning Styles Helps Build Partnerships with Parents

Professionals who work with families often seek ways to develop their partnership with parents. This article will treat several principles of adult education and theories of adult learning styles which if understood and applied may aid the formation and continuation of a strong parent-agency partnerships.

Adult Education

Malcolm Knowles (1980), an expert in the field of adult education, states that andragogy, the art and science of teaching adults, differs from pedagogy in the following ways: 1) adults desire immediate application of their learning experiences, 2) adults know what they need or desire to learn, 3) adults come to learning situations with many past experiences to draw upon to facilitate education, and 4) adults come to learning situations ready to learn.

It is also important that parents have positive aspirations for their children and are therefore usually keenly motivated to act for their children's welfare. Because of this motivation, parents come to family-oriented agencies ready to learn. Knowing what they need to learn, they come ready to build on their past positive experiences. Perhpas they had unpleasant experiences with agencies in the past and need to be convinced that working in partnership with an agency will indeed benefit their children. These parents may find it difficult to believe that the institution is interested in their involvement or that this involvement will mean greater success for their children. Apprehensive parents can often be encouraged to attend if they can be convinced that their child will benefit from their participation at a center. Some parents will need a follow-up telephone call. Everything than can be done should be done to make it possible for parents to attend including providing transportation, and childcare.

Once parents come to the agency, the adult educator can welcome them to a physical environment and an emotional climate that are relaxed and "threat-free," laying the ground work for adult educator is one of facilitator rather than a transmitter of information. As an expert in the process of education, the adult educator connects with the parents by validating the parents' importance, laying the foundation for partnership.

When parents respond, a partnership begins. Parents, experts on their own children, join with professionals, who are experts in their field. Together they work for the benefit of the children.

The following questions can be used to help set goals: What qualities or characteristics would you like your child to possess when he/she reaches age eighteen? What will your child need to learn in order to fulfill these goals? What skills would you like him/her to learn or master this year? What will you do to help him/her? What would like the agency to do to help him/her? What other groups play a role in this skill and character development (school, scouts, church, Little League)? What do you expect of them? (Kypros, 1990)

Once the goals have been set and each partner recognizes the part she or he will contribute to the welfare of the child, resources and strategies are brought in in order to reach the long- and short-term goals. Parents and professionals meet periodically to assess progress and to offer support to each other. Each can share known procedures and materials: books, videos, lectures, discussion groups, and activities can be suggested to help parents formulate goals.Parents may also want to meet with other parents to share resources and experiences.

Adult Learning Styles

The same strategies and materials will not be useful for all parents. David Kolb (1976) researched adult learning styles and identified four groups: the thinker, who prefers to learn through abstract conceptualization; the feeler, who prefers reflective observation; the intuitor, who prefers active experimentation; and the sensor, who prefers concrete experiences. A careful match of Kolb's learning styles can be helpful when teaching parents.

Parents who fit into Kolb's Thinker style will respond to lectures, talking-head videos, and reading materials. These parents enjoy hearing the advice of experts. Feelers enjoy meeting in small groups to share experiences and to give one another mutual support. They can make use of didactic approaches, but they learn best by processing the information in small groups. Sensors learn best with a "hands on" approach. They enjoy involvement that requires working together with other parents. Building educational props or preparing materials gives them pleasure. Intuitors are usually talented in the visual or performing arts. They are not enthusiasts for group participation but enjoy sharing their talent sometimes. Structure and plans may turn them off, so they should be used as soon as they volunteer. A questionnaire given out early in the formation of the partnership can help professionals can determine the learning styles of parents. After assessing the goals and learning styles of parents, professionals begin planning activities that match the needs and learning styles of parents.

Understanding adult education and learning styles helps professionals facilitate communication. Families win when parents and agencies work together.

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■ by Teresa Byland, M.S., L.I.S.W.

U-Turn: Promoting Healthy Changes in Families with Chronic Child Protection Problems

The U-Turn Program in Rochester, Minnesota, offers a comprehensive array of services on one site to serve families who have continuing history of contact with child protection services. Olmsted County Community Services operates U-Turn from its Child Services Unit, in collaboration with several community non-profit agencies.

How U-Turn Developed

The sense of a "need for something better" emerged from the Child Services staff's feeling that Rochester lacked a cohesive package of services for families classified as chronic child protection cases. Services were fragmented and sporadic, scattered in different locations around the city. Many obstacles were confronted by parents struggling with low incomes and chaotic lifestyles. Often they did not possess reliable transportation, to be able to keep appointments for parenting classes, support groups, supervised child visitation, and other services in locations throughout Rochester.

U-Turn was designed to remove as many obstacles as possible and give the families involved in the program the best chance of success. Social workers in the Child Services Unit approached the agency's administration with the idea of developing a comprehensive parenting program. Representatives from Child Services, Corrections, Law Enforcement, the School District, Early Childhood Family Education, Child Care Resource and Referral, the Judiciary, private agencies, and the Guardian ad litem Program attended monthly meetings throughout 1990 to plan the program. Requests for Proposals went out in the fall of 1990. Agencies responding could offer a proposal on the program as a whole or on just a single component. All proposals submitted were for single components. U-Turn started providing services on April 29, 1991.

Values and Goals

The core value of U-Turn is that every child has the right to a safe, secure, and nurturing environment. Secondary values include: that the family unit should be the primary focus for planning for children; that services should reflect respect for families and should assist the empowerment of parents; that U-Turn reflect the importance of children and families to communities.

U-Turn's goals are: to provide an individualized parenting plan through assessing each family's needs and parenting skills; to educate and support parents to help them provide a safe, nurturing environment for their children; to collaborate with and/or coordinate existing community resources; to promote family reunification and permanency planning for children; and to assist adult participants to develop and accomplish personal goals.

U-Turn's primary concern is the best interests children, although services are for parents. In most cases, the best interests of the child and the parent will be the same. In the small number of cases in which interests are not identical (because the parents cannot make the changes necessary to provide a safe environment for the child) U-Turn advocates for permanency planning.

Service Delivery

U-Turn operates from 9am to 3pm on Mondays, Wednesdays, and Fridays and has five components:

- **Parenting Lab**—Children are brought to the Lab to spend an hour—part structured and part un-structured, with their parents. In families with more than one child, only one child at a time comes to Lab. School-age children attend Lab during the summer but not during the school year. Toys, books, and art supplies are available. Parent Educators are present to provide guidance and support, and when Court-mandated, supervision.

- **Parenting classes—**Parents attend two classes each day. Taught by the parent educators, these follow a curriculum which focuses on the basic needs of a child; and guidance, discipline, behavior management and punishment.

- **Life Skills Class—**This class is taught by a counselor from a private agency and focuses on coping with the challenges of daily life. The training covers a wide range of issues; from healthy sexuality to balancing a checkbook. Guest speakers frequently take part in this component of U-Turn.

- **Support Group—**A licensed psychologist leads the Support Group. Sometimes a topic is planned, but more often participants talk about their concerns. The support group is closed to anyone except the parents, the facilitator, and sometimes, student interns.

- **Home Visits—**Each family has a two-hour home visit weekly with the parent educator assigned to them. These visits usually take place at the home but are sometimes held at U-Turn when the parent does not have a suitable environment for the visit, such as when the children are in placement, or the parents are staying with several different friends or with a known perpetrator. All of the children in the family are present during home visits. Sometimes, this visit takes the place of a visit by a child protection caseworker. Parents whose children are in foster care generally have more contact with their children through Parenting Lab and home visits than if they were not in U-Turn.

Progressing through the Program

There are three phases to complete U-Turn. Each phase has a contract whose terms must be met before moving on to the next phase. When the third phase has been completed, the participant graduates from the program. Progress is self-paced and time for completion has ranged between five and eleven months.

During Phase I, which is designed to be completed in thirty days, issues to be addressed are identified and tasks which connect to the parent's schedule and needs are defined. Each parent is assigned a Parent Educator who will stay with the parent throughout his or her participation in U-Turn, making home visits, helping to define goals, and writing the contract for each phase.

Phase II of U-Turn is open-ended in length. There are six Parenting Goals. Examples of Parenting Goals include communication skills, setting limits and discipline. The participant is required to demonstrate both an awareness of the importance of, and an ability to put into practice, a skill or concept in a setting with the children. Goals for the Parenting Lab, include planning and directing a Lab activity and practicing the newly learned skills. Finally, participants address the development of a support system and a Life Plan.

Phase III of U-Turn is also open-ended in length. Goals of Phase III include applying skills learned in the program and preparing an aftercare plan, so that services and support are in place when the client leaves the program. The Life Plan continues to be developed during Phase III.

After a client graduates from U-Turn, home visits continue for a two-month period, at a frequency determined by the staff and the child protection worker. Parents may attend the Support Group for as long as they like.

The maximum capacity of U-Turn is nine parents. Staff consists of three parent educators, a licensed psychologist, a counselor, and a coordinator, who is a Senior Social Worker in the Olmsted County Child Services Unit. The Coordinator is the only County employee at U-Turn. All other U-Turn staff are employees of private agencies under contract with the County. Student interns from area colleges are an integral part of the program.

Evaluating U-Turn's Effectiveness

Number and ages of children, age of parent, reason for child protection services, level of education, employment status, and disabilities of the parent are recorded as parents enter the program. A parenting pre-test and post-test are also conducted, using the Adult-Adolescent Parenting Inventory developed by Stephen J. Bavolek, Ph.d. (the post-test is not taken by those who leave the program without graduating). Longitudinal data is gathered on program graduates as well as on those who leave without finishing, tracking subsequent placement of children in foster care and substantiated reports to child protection agencies.

Successful outcomes have been defined in two ways. First, the program is considered to have been successful if a participant graduates and the children have been returned to the home or never had to be removed. The family is followed for two years and substantiated reports to child protection authorities will indicate that the outcome was not in fact successful. An alternate kind of success occurs when the parent is unable to complete the program and reunification does not take place; many services are concentrated into each week, and the decision is accelerated. This is better for the children involved.

During its first twelve months, U-Turn served 22 parents and 37 children. Fourteen parents were discharged, of which five successfully graduated. Four of the nine unsuccessful discharges resulted in permanency proceedings, which makes for nine successful outcomes out of the fourteen discharges. This is a "success rate" of 65%. This rate is expected to decrease over time, as some of the graduates are expected to have subsequent substantiated child protection services reports which will surface in the longitudinal analysis.

Conclusion

The U-Turn Program was developed to provide benefits to its participants and to the community. The program essentially seeks to assist families in learning healthier ways to function. This is obviously beneficial to the family, but it also benefits the social service system and the community because children will stay in foster care for shorter periods and family reunifications will be more successful. Demands on the foster care system, and caseloads in child protection services and in the courts will be lessened if cases can be brought to resolution faster. Providing the county's most difficult, chronic child protection clients with the services of the U-Turn Program gives them the best possible chance for success, and it reflects the value which the Rochester community places on the welfare of children.

Teresa Byland, M.S., L.I.S.W., is U-Turn Coordinator. For more information about the program contact her at: U-Turn, 2116 Campus Dr. S.E., Rochester, MN. 55902, 507/ 285-8927, FAX: 507/287-2434.

■ by Paul Deane

First in a Series

Using Current Telecommunications Technology: A Guide for Family Support Professionals

E-Mail and Electronic Bulletin Boards

One of the main goals of the National Resource Center for Family Support Programs is to "enhance information flow, networking and collaboration among local programs". Many information resources are available through the NRC or from local groups. It will be of great benefit for family support organizations and professionals to become familiar with the most up-to-date methods of information retrieval and electronic communication.

We are in the midst of a fundamental revolution in the way information is processed and exchanged. The computer with modem is just beginning to have as much of an impact on the process of information storage, access, and processing as did the printing press, the telephone, and most recently the fax machine. The medical and scientific communities were the first to appreciate and incorporate these changes. The business community adopted them soon after, bringing large economies of scale. We are now seeing the incorporation of computers and telecommunications into the fields of the social sciences and family support and the non-profit sector.

There are three related tools central to the new telecommunication technology: 1) electronic mail, 2) electronic bulletin boards, and 3) database storage and retrieval of information. This series of articles will describe each of these tools and ways to access them at the local level or through the National Resource Center. This article focusses on electronic mail and electronic bulletin boards.

E-Mail

In almost all fields of endeavor, the primary source of information and knowledge is the grapevine. Individuals usually first seek the know-how and experience of their colleagues or experts in the field when they have a problem to solve. Electronic mail is the primary way to expand and enhance the grapevine using computer and telecommunication technology. It is a system for exchanging notes, memos, letters and other short documents rapidly. Some electronic mail systems also allow the transmittal of long documents and other computer files. An electronic mail system consists of a central computer that maintains the E-mail program and stores the "mail" to be accessed by individual computers or workstations. These connections may be "hard-wired," that is, directly connected by cables or wiring of some sort; or available as a dial-in service over telephone wires. Typically, these can be accessed via a local phone call or an 800 number for between $6 and $10 an hour, much cheaper than long distance rates. An individual "logs in," or connects to the central computer and identifies him/herself with a code name and a security password. A program on the central computer checks to see if there is any new mail and notifies the individual. An individual may dial in from any of numerous computers to access his or her files.

Once in the system, an individual may read new messages, recall old messages that have been saved, "download" messages or files to one's personal computer or disk, or send a message to someone else in the network. Frequently, messages are typed on a word processor prior to logging into the system and simply "uploaded" or moved into the E-mail program. These E-mail systems range from two personal computers wired together in an office to large mainframe computers that have hundreds of thousands of subscribers who log-in from all over the world. Electronic mail is an alternative competing with the telephone and the fax. Each has advantages.

Some of the advantages of E-mail are: 1) Availability. You do not have to wait to directly contact another individual. Typically, one can enter an E-mail system at any time of the day. The mail is held until the recipient is ready. 2) The written word is often less easy to confuse than the spoken word. A recipient can carefully read, add comments or questions and respond in an attachment to the original document. Documents are also very easily copied or forwarded to others on the network. 3) A third advantage of E-mail, especially when compared to a faxed document, is that of being able to receive messages in a format that is easily accepted by your particular word processor, changed and printed as needed. 4) Cost savings. A long document can be sent much more rapidly, usually with a local phone call, than could the same document sent by fax via a long distance phone call or Federal Express. Documents can also be sent to many people with one transmission while many fax machines still require transmittals to be sent one at a time with accompanying labor and telephone costs.

There are disadvantages. First, the written word does not have the same immediacy as talking with someone. And, E-mail requires that someone check the system every day, perhaps several times a day. In some cases this becomes tedious, especially in large networks, where already junk mail has become a problem. Thirdly, savings are sometimes offset by subscription rates to outside providers of the service. However, the biggest disadvantage is that E-mail systems are so new that they are not as widely distributed as the phone or the fax. Today everyone has access in some form to a fax machine, even if it around the corner at the local copy shop or drug store. There are many different E-mail systems and not everyone knows how to access them. This is changing. Prices are dropping. E-mail vendors are specializing and developing "gateways" or links that make it easier to reach those that you need. In five years, E-mail systems will be as prevalent in offices and homes as the fax machine is today.

Electronic Bulletin Boards

Bulletin Board systems are the public version of E-mail. A bulletin board system consists of a central computer which maintains the bulletin board software, and information files that can be accessed by individual computers or workstations. An individual logs in or connects to the central computer and identifies him/herself with a code name and a security password. Once in the system, a sequence of message storage areas are available to the user.

"Bulletin Board" is used as a visual metaphor to help understand how the system works. Envision a bulletin board that is divided into several sections. In each section individuals have posted messages relating to the topic for that section. Most of us used such boards in college to connect with rides home, roommates wanted, items for sale, etc. Usually, there is someone in charge of the bulletin board who comes by occasionally to discard out-of-date and irrelevant notes. A computer bulletin board works the same way. An inter-office bulletin board might contain sections (forums, areas, groups) such as personnel, news, policies, meetings and suggestion box. Each section might be further subdivided, for example, several different types of meetings or months when meetings will occur. However many levels exist, at the base there will be notices, messages, documents that are relative to the subject. Each user is responsible for learning to navigate the system, and finds information as s/he needs it.

Most bulletin boards have a monitor who may be responsible for erasing or archiving old messages; for gathering, editing, and posting information to the board; and/or for maintaining security if a bulletin board is open only to a particular group.

"Navigation" varies from bulletin board to bulletin board. Some have a set of menus to choose from, while others present you with a blank screen that expects you to know the commands which run the system. Most BBs have some sort of question-and-answer section. Users are allowed to post questions and responses to questions, usually associated by some large category of subject. Some advanced question and answer sections are live, letting individuals interact with each other in the manner of a meeting. These live meeting range from formal lectures with a question and answer period at the end to lively "bull" sessions. As with E-mail, bulletin board systems range from small office systems to large networks with hundreds of thousands of subscribers from all over the world.

The advantages of using bulletin board systems are similar to the advantages of E-mail. In fact, they are usually offered together as a package service. Costs vary from many free boards to those that require modest ($20 a month) subscription fees. This modest investment may be a real advantage, especially when compared with the costs of alternative research methods.

On the downside, bulletin boards get cluttered and may take a long time to read. Just when you have an important project that you need information to finish, your board (and your mail!) will be full of repetitive responses to questions (listing all previous responses) or notes from people using them to socialize or express themselves rather than to exchange information (the graffiti aspect). Some take time to learn. But, soon, bulletin boards will be a dominate information source.

Getting Connected

How do you go about starting? You need a computer, telephone line, and modem. Almost any computer can be used to access most bulletin boards. A good modem is the most crucial piece of equipment. Modems have different speeds and compatibilities. Your dealer can help you decide which modem is for you, but make sure that ou buy a modem with a minimum top speed of 2400 baud. To use your modem once it is installed, you need software.

Software for communication is varied. Three relatively inexpensive, popular commercial products are ProComm Plus, SmartComm and Cross Talk. Several good communication packages are also available as shareware, including ProComm, if you have a local computer user's group. Try to find software that has X, Y, Kermit, and ASCII communication protocols.

The following are two E-mail and bulletin board services of special interest to Family Support Centers:

- **HandsNet**
  20195 Stevens
  Creek Blvd, Suite 120
  Cupertino, CA 95014
  408-257-4500

HandsNet is a national network of individuals and organizations working for social change. It has over 2,200 members interested in housing, legal services, poverty, health, rural and family issues. There is a forum now being developed that will be dedicated to family and children issues. It will contain document, news, grant announcement, a calendar of events, discussion and many other areas.

HandsNet is perhaps the most user-friendly of all the E-mail & bulletin board systems. Because of this, it requires several extras in terms of hardware and software. Your computer should be at least a 386 with 2 (preferably 4) mgs of RAM memory, have a mouse, and run Windows software. A color monitor is helpful although not necessary. HandsNet costs $100 for the software and $25 a month for a subscription, plus a telecommunications usage fee of $12 an hour each month to another company. HandsNet provides technical support and will coach you through any start-up or other problems.

- **Internet**
  Available from:
  Cooperative Library Agency for
  Systems and Services (CLASS)
  1415 Koll Circle, Suite 101
  San Jose, CA 95112-4698
  1-800-488-4559

InterNet is the largest of the E-mail and bulletin board systems. It is actually many networks that have been connected into one giant worldwide telecommunications network. Universities, government agencies, research organizations, and defense agencies make up the backbone of the system. Internet is heavily focused on research and academic interests and information.

Most academic and research institutions have access and can give you a password. If you do not have an affiliation that can provide access, there are many organizations that can as a service to membership for a nominal annual fee and minimal telecommunication usage fees. The National Resource Center for Family Support Programs is a member of CLASS which charges $150 for an initial password and $50 for each additional password. It also charges $10 an hour telecommunication fee for an 800 number. Any computer with a modem and your choice of communication software can be used to access the network. Be warned! Internet is difficult to use and will require a computer literate person many hours and some study to learn to navigate.

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Next time:
Databases

FAMILY RESOURCE COALITION

Resources To Help You Grow

The Family Resource Coalition, a not-for-profit membership organization, is the national leader in the family support field. Its mission is to build support and resources within communities to strengthen and empower families, enhance the capacities of parents, and foster the optimal development of children and youth.

The *FRC Report* is the Coalition's primary tool for spreading the word about family support. Whether eclectic or focused on a single topic, each issue of the *Report* concretely illustrates the principles that guide family resource and support programs and policies. Look for the list of available back issues on the card inside this issue. A subscription to the *Report* is one of the benefits of FRC membership.

The Family Resource Coalition houses the National Resource Center for Family Support Programs, which collects and disseminates information on family resource and support programs and publishes related material.

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Editor, KATHY GOETZ
Design, LYNN PEARSON
Copy Editing, JONATHAN WOLF
Printing: BOOKLET PUBLISHING CO., INC.
Cover Illustration: BILL HARBINSON